


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 487577 1. Entity Name MANGROVE SYSTEMS, INC. |  |
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| Principal Place of Business 3920 PREMEIR N DR TAMPA, FL 33618 | Mailing Address 3920 PREMEIR N DR TAMPA, FL 33618 |
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

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|--|---------------------------------------|
| 4. FEI Number 59-1647474 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ED SAVITZ
220 S. FRANKLIN ST.
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000747865
05/17/07-80042-014 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WHITMAN, ROBERT L 3920 PREMIER N DR TAMPA, FL 33618 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:  **ROBERT L. WHITMAN JR** 4/26/07 813 514-4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #