
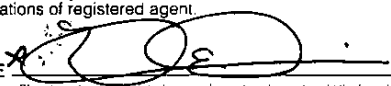
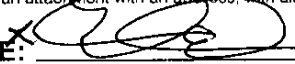


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90028 026 \*\*\*\*61.25

<b>DOCUMENT #728615</b>					
1. Entity Name JAMAICA ROYALE MANAGEMENT, INC.					
Principal Place of Business 5830 MIDNIGHT PASS RD. SARASOTA, FL 34242		Mailing Address 5830 MIDNIGHT PASS RD. SARASOTA, FL 34242			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1506326	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER, POLIAKOFF AND STREITFELD, P.A. 630 S. ORANGE AVENUE, THIRD FLOOR SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 		Thomas A. Davis		3.16.6	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	P NOLL, DEREK	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5830 MIDNIGHT PASS RD.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE NAME	V LAWSON, SHERYL	<input checked="" type="checkbox"/> Delete	TITLE NAME	Vice President. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5830 MIDNIGHT PASS RD.		STREET ADDRESS	Lorts, Daniel	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	5830 midnight pass rd.	
TITLE NAME	S GOODIER, BARBARA	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	5830 MIDNIGHT PASS ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE NAME	T OVERDORF, DAVID	<input checked="" type="checkbox"/> Delete	TITLE NAME	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	5830 MIDNIGHT PASS RD		STREET ADDRESS	Fahrmeier, Howard	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	5830 midnight pass rd.	
TITLE NAME	1VP DAVIS, THOMAS	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	5830 MIDNIGHT PASS RD.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE NAME	2VP MERRITT, PAUL	<input checked="" type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	5830 MIDNIGHT PASS RD.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
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 617, 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 like empowered.					
SIGNATURE: 		Thomas A. Davis		3.16.6	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				941 349.1800	