

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2007
Secretary of State**

DOCUMENT# 728615

Entity Name: JAMAICA ROYALE MANAGEMENT, INC.

Current Principal Place of Business:

5830 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5830 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1506326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, POLIAKOFF AND STREITFELD, P.A.
630 S. ORANGE AVENUE, THIRD FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOLL, DEREK
Address: 5830 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: LORTS, DANIEL
Address: 5830 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: GOODIER, BARBARA
Address: 5830 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: FAHRMEIER, HOWARD
Address: 5830 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: 1VP () Delete
Name: DAVIS, THOMAS
Address: 5830 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: DAVIS, THOMAS
Address: 5830 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. DAVIS

2VP

03/30/2007

Electronic Signature of Signing Officer or Director

Date