## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005435

City-St-Zip:

CLEARWATER, FL 33764

FILED Feb 16, 2009 Secretary of State

Entity Nan	ne: MGE: MAN	NAGEMENT EXPERTS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3975 UNIVERSITY DRIVE, SUITE 200 FAIRFAX, VA 22030			11571 POPES HEAD FAIRFAX, VA 22030	11571 POPES HEAD VIEW LANE FAIRFAX, VA 22030	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1221 ROGERS STREET, STE. B CLEARWATER, FL 33756 US				14055 46TH ST. NORTH SUITE 1112 CLEARWATER, FL 33762 US	
FEI Number:	36-3664303	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
FINLEY, MYRON G 1221 ROGERS STREET SUITE B CLEARWATER, FL 33755 US			COLON, LUIS A 2433 KENT PLACE CLEARWATER, FL 3		
The above in the State		ubmits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: LUIS COLON				02/16/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COLON, LUIS 2433 KENT PLA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () WINTEREGG, G 150 SAND KEY I CLEARWATER,	ESTATES	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST () I COLON, JUDY	Delete	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LUIS COLON CP 02/16/2009