


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F07000005613 1. Entity Name NORTHVILLE MANAGEMENT CORP.	
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Principal Place of Business 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747	Mailing Address 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3863927	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESSMANN, STEVEN A 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCONAGHY, ELIZABETH A 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RIPP, PETER J 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, GENE M 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BERNSTEIN, JAY H 25 MELVILLE PARK ROAD, SUITE 210 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/23/08-80089-019-150.00

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 like empowered.

SIGNATURE: Steven A. Lessmann STEVEN A. LESSMANN, JANUARY 15, 2008 631-753-4250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #