

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12129

FILED  
Jun 30, 2006  
Secretary of State

Entity Name: MANAGEMENT AFFILIATES, INC.

**Current Principal Place of Business:**

111 N. ORLANDO AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 N. ORLANDO AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-2441645      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEB, SARAH  
111 N. ORLANDO AVE.  
WINTER PARK, FL 32789 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARADIS, BRIAN  
Address: 1051 OAK POINT CIR.  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: WOOTEN, SCOTT  
Address: 302 MAGNOLIA OAKS DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: WEDEL, EUGENE  
Address: 4773 LAKE CALABAY DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: CD ( ) Delete  
Name: REINER, RICHARD  
Address: 1816 LOST PINE LANE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: SEIFERT, LEWIS  
Address: 4029 COOLWATER CT.  
City-St-Zip: WINTER PARK, FL 32792

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN PARADIS

P

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date