


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000023368 1. Entity Name COVEN MANAGEMENT, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 3215 SOUTH OCEAN BLVD HIGHLAND BEACH FL 33487 | Mailing Address 3215 SOUTH OCEAN BLVD HIGHLAND BEACH FL 33487 |
|---|---|



| | | |
|--------------------------------|---------------------------------|-----|
| 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 65-0990746 | |

1st MOORE CR2E034 (10/05)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SINGER, BERNARD A 3107 STIRLING ROAD STE 105 FT LAUDERDALE FL 33312 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

| | |
|--|---------------------------------------|
| Applied For | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------|---------------------------------|
| TITLE | D | |
| NAME | COVEN, STANLEY | |
| STREET ADDRESS | 3215 SOUTH OCEAN BLVD | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | |
| TITLE | D | |
| NAME | COVEN, WALTER 1 1833 BA | |
| STREET ADDRESS | 11833 BAYFIELD DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | |
| TITLE | D | |
| NAME | BRODER, STACI | |
| STREET ADDRESS | 3078 IRA ROAD | |
| CITY-ST-ZIP | BELLMORE NY 11710 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|--|---------------------------------|------------------------------|
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

U00000533894
05/06/06-80145-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Staci Broder 3/1/06 516-181-5418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #