2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070425

FILED Apr 28, 2006 Secretary of State

Entity Name: ACCUR-MANAGEMENT CORP. **Current Principal Place of Business: New Principal Place of Business:** 5749 CAMINO DEL SOL STE 305 BOCA RATON, FL 334336580 **Current Mailing Address: New Mailing Address:** 5749 CAMINO DEL SOL APT. 305 BOCA RATON, FL 33433 FEI Number: 06-1646287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GALLI, CARLOS 5749 CAMINO DEL SOL **APT 305** BOCA RATON, FL 33433 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition RAME, ENRIQUE RAME, ENRIQUE Name: 2679 S OCEAN BLVD STE 3A 5749 CAMINO DEL SOL SUIT 305 Address: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 334336580 Title:

Title: Name: Address: City-St-Zip: Title: () Delete () Change () Addition Name: RAME, MARCELO Name: 5749 CAMINO DEL SOL STE 305 Address: Address: BOCA RATON, FL 334336580 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition GALLI, CARLOS Name: GALLI, CARLOS Name:

5749 CAMINO DEL SOL SUIT 305 2679 S OCEAN BLVD STE 3A Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 334336580

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: CARLOS GALLI S 04/28/2006