

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099683

FILED
Mar 23, 2007
Secretary of State

Entity Name: REARDON LEVINE MANAGEMENT, INC.

Current Principal Place of Business:

13131 SW 132ND STREET, SUITE 202
MIAMI, FL 33186

New Principal Place of Business:

8209 SW 189 TERRACE
MIAMI, FL 33157 US

Current Mailing Address:

13131 SW 132ND STREET, SUITE 202
MIAMI, FL 33186

New Mailing Address:

P.O. BOX 570816
MIAMI, FL 332570816 US

FEI Number: 16-1631412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, DANIEL A
13131 SW 132ND STREET, SUITE 202
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

LEVINE, DANIEL A
8209 SW 189 TERRACE
MIAMI, FL 33157 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:

03/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVINE, DANIEL A
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: REARDON, ERIC T
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: PASCUL, JANETT
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: DISHKIN, AIMEE
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

Title: AS (X) Delete
Name: ZAHRALBAN, HELEN
Address: 13131 SW 132 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVINE, DANIEL A
Address: P.O. BOX 570816
City-St-Zip: MIAMI, FL 332570816 US

Title: VP (X) Change () Addition
Name: REARDON, ERIC T
Address: 15964 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: T (X) Change () Addition
Name: SUMMERS, JEANNIE
Address: P.O. BOX 570816
City-St-Zip: MIAMI, FL 332570816 US

Title: S (X) Change () Addition
Name: MARINELLI, MICHELLE
Address: P.O. BOX 570816
City-St-Zip: MIAMI, FL 332570816 US

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: DANIEL A. LEVINE

P

03/23/2007

Electronic Signature of Signing Officer or Director

Date