


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90385 048 ***150.00

DOCUMENT # P04000081993
 1. Entity Name
CORE MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
 7027 WEST BROWARD BOULEVARD 7027 WEST BROWARD BOULEVARD
 206 206
 PLANTATION, FL 33317 US PLANTATION, FL 33317 US

2. Principal Place of Business 3. Mailing Address
1110 S FIAMINGO RD *1110 S FIAMINGO RD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE, FL *DAVIE, FL*
 Zip Country Zip Country
33333 *BROWARD* *33333* *BROWARD*



6. Name and Address of Current Registered Agent
WEHBY, JEREMY
 7027 WEST BROWARD BOULEVARD
 206
 PLANTATION, FL, FL 33317

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEHBY, JEREMY	
STREET ADDRESS	7027 WEST BROWARD BOULEVARD - 206	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEHBY, DAVID	
STREET ADDRESS	7027 WEST BROWARD BOULEVARD - 206	
CITY-ST-ZIP	PLANTATION, FL 33317	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date _____ Daytime Phone # _____