


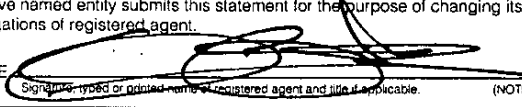
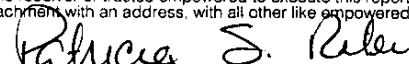
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90263 013 ***150.00

40002100



DOCUMENT # P04000103807 1. Entity Name PSR MANAGEMENT, INC.			
Principal Place of Business 2400 E COMMERCIAL BLVD STE 826 FT LAUDERDALE, FL 33308		Mailing Address 2400 E COMMERCIAL BLVD STE 826 FT LAUDERDALE, FL 33308	
2. Principal Place of Business 242 Algiers Avenue		3. Mailing Address 6550 N FEDERAL HWY	
Suite, Apt. #, etc. # 220		Suite, Apt. #, etc. # 220	
City & State Lauderdale By The Sea, FL		City & State FT LAUDERDALE, FL	
Zip 33308	Country USA	Zip 33308	Country USA
4. FEI Number 51-0514949		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOTTE, JOHN F ESQ 2400 E COMMERCIAL BLVD STE 826 FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name HOTTE, JOHN F, ESQ Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HIGHWAY SUITE 220 City FT LAUDERDALE FL 33308	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 1-9-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RILEY, PATRICIA S 242 ALGIERS AVE LAUDERDALE BY TH SEA, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, PATRICIA S 242 ALGIERS AVE LAUDERDALE BY TH SEA, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 1-9-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	