


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90171 015 \*\*\*150.00

**DOCUMENT # P05000062933**

1. Entity Name  
**DOCUMANTZ, INC.**



Principal Place of Business  
**8425 NORTHCLIFFE BLVD  
 SUITE #109  
 SPRING HILL, FL 34606**

Mailing Address  
**8425 NORTHCLIFFE BLVD  
 #109  
 SPRING HILL, FL 34606**

2. Principal Place of Business  
**8425 NORTHCLIFFE BLVD.**

3. Mailing Address  
**4377 Commercial Way**

Suite, Apt. #, etc.  
**DATA CENTER**

Suite, Apt. #, etc.  
**#136**

City & State  
**SPRING HILL, FL.**

City & State  
**Spring Hill, FL**

Zip  
**34606**

Country

Zip  
**34607**

Country

4. FEI Number  
**202758775**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**MAGLIO, ALTOM M.  
 2480 FRUITVILLE ROAD  
 SUITE 6  
 SARASOTA, FL 34237**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAM, CHRIS D 4028 GULFVIEW DR. SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAM, CHRIS D. 5499 MOONGATE RD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAM, DAVID J 4028 GULFVIEW DR. SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAM, CHRIS D. 5499 MOONGATE RD. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Chris Deam / Chris Deam Date: 04/25/06 (813) 333-2337