


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000047862  
1. Entity Name  
MANGO DEVELOPMENT GROUP, INC.



Principal Place of Business      Mailing Address  
P.O. BOX 1329                      P.O. BOX 1329  
SARASOTA, FL 34230    US      SARASOTA, FL 34230    US

**DO NOT WRITE IN THIS SPACE**



03082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0501958**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
MCGINNESS, W. LEE  
1800 SECOND STREET  
SUITE 971  
SARASOTA, FL 34236

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, WILLIAM D 1924 S OSPREY AVENUE, SUITE 200 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SALSER, RANDAL D 1924 S. OSPREY AVENUE -SUITE 200 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80014-001 150.00

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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: Randy SA      V.P.      4-20-06      (941) 316-6827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #