2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P99000027127

Entity Name: SFA MANAGEMENT, INC.

Current Principal Place of Business:

585 SCHOONER LANE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

584 SCHOONER LANE
LONGBOAT KEY, FL 34228

Current Mailing Address:

585 SCHOONER LANE
LONGBOAT KEY, FL 34228

New Mailing Address:

584 SCHOONER LANE
LONGBOAT KEY, FL 34228

FEI Number: 59-3565429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALFANO, JOHN L
585 SCHOONER LANE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

ALFANO, JOHN L
584 SCHOONER LANE
LONGBOAT KEY, FL 34228 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: 02/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALFANO, JOHN L
Address: 585 SCHOONER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: ALFANO, SUSAN F
Address: 585 SCHOONER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALFANO, JOHN L
Address: 584 SCHOONER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D (X) Change ( ) Addition
Name: ALFANO, SUSAN F
Address: 584 SCHOONER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information supplied with this filing does not qualify 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: JOHN L ALFANO PRES 02/05/2009
Electronic Signature of Signing Officer or Director — Date