## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # S01466  1. Entity Name DOUGLAS MANAGEMENT & REALTY, INC.	04-26-2006 90187 044 ***150.00
Principal Place of Business  4300 N. UNIVERSITY DR. STE D103 LAUDERHILL, FL 33351 US  Maiting Address  4300 N. UNIVERSITY DR. STE D-103 LAUDERHILL, FL 33351 US	) TERNONE IN BOTAL INST BIBLIC BING BOTAL BIRLIC BI
2. Principal Place of Business 1700 NW (o6 Suite, Apt. #, etc. # 100	04042006 Chg-P CR2E034 (11/05)
City & State Plantation FL Plantation, Zig Country Zig Country Zig Country	4. FEI Number Applied For Not Applicable
6. Name and Address of Current Registered Agent	5. Certificate of Status Desired
MURPHY, WILLIAM M.	
STE D-103	eff Address (P.O. Box Number is Not Acceptable)
LAUDERHILL, FL 33351	Plantation FL 39333
The above named entity submits this statement for the purpose of changing its registered off	
the obligations of registered agent.  SIGNATURE With What Signature, typed or printed name of registered agent and the ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  ON TETE 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 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME MURPHY, WILLIAM M.  STREET ADDRESS 4300 N. UNIVERSITY DR. D-103 STREET ADD  CITY-ST-ZIP LAUDERHILL, FL CITY-ST-ZIF	William M Murphy #102
TITLE         D         Delete         TITLE           NAME         MURPHY, UNA         NAME           STREET ADDRESS         4300 N. UNIVERSITY DR., D103         STREET ADD           CITY-ST-ZIP         LAUDERHILL, FL         CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADD  CITY-ST-ZIP  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TitLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP	
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADD           CITY- ST- ZIP         CITY- ST- ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  2. I hereby certify that the information supplied with this filling does not qualify for the exemption	

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 outh; 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: William Murphy 4/4/06 746-202-