

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 355009
 1. Entity Name
 SOUTHEAST MANAGEMENT OF CORAL GABLES, INC.



Principal Place of Business
 370 MINORCA AVE
 STE ONE
 CORAL GABLES, FL 33146

Mailing Address
 C/O JACKSON HOLE ACCTG.
 P.O. BOX 3642
 JACKSON, WY 83001



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1374638

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMSON, JOHN
 370 MINORCA AVE.
 SUITE 1
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-registering) 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

TITLE	PTD
NAME	STINNETT, RAYMOND C.
STREET ADDRESS	385 MEADOWLARK DR
CITY-ST-ZIP	BOZEMAN, MT 59718
TITLE	VSD
NAME	STINNETT, JAMES B.
STREET ADDRESS	607 BERKSHIRE CT
CITY-ST-ZIP	DOWNERS GROVE, IL 60516
TITLE	D
NAME	MUSFELDT, LINDA G.
STREET ADDRESS	14 CHAMPIONS WAY
CITY-ST-ZIP	SAN ANTONIO, TX 78258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000407914
 02/08/05-80040-010 150.00

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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: Raymond C. Stinnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____