2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

CITY-ST-ZIP

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # 609900** 1. Entity Name 04-12-2005 90139 019 ***150.00 4201 MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 2911 OCEAN DR. 2911 OCEAN DR. VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1900741 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAYTER, THERESA H Street Address (P.O. Box Number is Not Acceptable) 4201 6TH LANE SW. 3 VERO BEACH FL 32968 City Zip Code FL 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. 4-6-05 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFIGERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition 4201 MGMT, GROUP, INC NAME NAME 4201 6TH LANE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete DITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

THERESA H. SAYFEK 4-6-65 112.231-5800
DER OR DIRECTOR

Date

Daytime Phone #

FILED