


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 041 ***150.00

DOCUMENT # 613275
 1. Entity Name
WILLOW MANAGEMENT CO., INC.



Principal Place of Business
 1108 E NEWPORT DRIVE
 DEERFIELD BEACH, FL 33442

Mailing Address
 1108 E NEWPORT DRIVE
 DEERFIELD BEACH, FL 33442 US

50018563



2. Principal Place of Business
800 YAMATO RD

3. Mailing Address
800 YAMATO RD

Suite, Apt. #, etc.
100

01232006 Chg-P CR2E034 (11/05)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431 Country **USA**

Zip
33431 Country **USA**

4. FEI Number
59-1886690

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, MICHAEL S
1108 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
 Name **Smith, Michael S**
 Street Address (P.O. Box Number is Not Acceptable)
800 YAMATO Rd Suite 100
 City **BOCA RATON** FL Zip Code **33431**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL S 1108 E NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 YAMATO Rd Ste 100 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 approvals.

SIGNATURE:  **4-26-06 889.516-7880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #