



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 622342		
1. Entity Name CONTEMCO MANAGEMENT ASSOCIATES, INC.		
Principal Place of Business 9000 BURMA ROAD SUITE 102 PALM BCH GARDENS, FL 33903 US	Mailing Address 9000 BURMA ROAD SUITE 102 PALM BCH GARDENS, FL 33903 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MINKER, JULES S. 9000 BURMA ROAD SUITE 102 PALM BEACH GARDENS, FL 33403		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MINKER, JULES S 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINKER, LINDA 9000 BURMA ROAD, SUITE 102 PALM BEACH GARDENS, FL 33403	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/6/7755660</u> <small>Daytime Phone #</small>



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2761139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/02/06-80131-001 150.00

**DO NOT WRITE
IN THIS SPACE**