


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 008 ***150.00

| | |
|---|---|
| DOCUMENT # 650342 |  |
| 1. Entity Name MANNE PROPERTIES, INC. | |

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| Principal Place of Business 5750 NW 15TH ST MARGATE FL 33063 | Mailing Address 5750 NW 15TH ST MARGATE FL 33063 |
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|---|---|
| 2. Principal Place of Business 750 East Sample Road | 3. Mailing Address 750 East Sample Road |
| Suite, Apt. #, etc. Building 2, Suite 210 | Suite, Apt. #, etc. Building 2, Suite 210 |

1st MOORE CR2E034 (10/05)

| | |
|---|---|
| City & State Pompano Beach, Florida | City & State Pompano Beach, Florida |
| Zip 33064 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 59-1961390 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent MANNE, LEE 5750 N.W. 15TH STREET MARGATE FL 33063 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 750 East Sample Road Building 2, Suite 210 City Pompano Beach FL Zip Code 33064 |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANNE, LEE 5750 NW 15TH ST MARGATE, FL 00000 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MANNE, LESLIE 5750 NW 15TH ST MARGATE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 E. Sample Rd, Bldg. 2, Suite 210 Pompano Beach, Florida 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 E. Sample Rd, Bldg. 2, Suite 210 Pompano Beach, Florida 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leslie Manne* **Feb 1, 2006** 954782-6585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #