


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 004 ****61.25

DOCUMENT # 725578
1. Entity Name
CQ MANAGEMENT, INC.



Principal Place of Business Mailing Address
**101 NORTH RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168** **101 NORTH RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-1507551 Not Applicable

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

6. Name and Address of Current Registered Agent
**ALLANBAUGH, CAROL
101 N RIVERSIDE DR
OFFICE
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Carol Allenbaugh* DATE *1/18/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MUEHLEISEN, ROBERT 101 N. RIVERSIDE DR., #409 NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAUTHIER, THOMAS 101 N RIVERSIDE DR #806 NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OVERSTREET, CARL 101 RIVERSIDE DR #206 NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MCCONNELL, THOMAS 101 N RIVERSIDE DR #605 NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALEXANDER, BILL 101 N RIVERSIDE DR #303 NEW SMYRNA BCH FL 23168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WANDA FRYE 101 N RIVERSIDE DR #504 NEW SMYRNA BCH FL 32168 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DD</i> MALISSA McDONALD 101 N RIVERSIDE DR #811 NEW SMYRNA BCH, FL 32168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TT</i> <input checked="" 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	<i>ST</i> <input checked="" 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 617, 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: *Wanda W. Frye*