2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 25, 2007 8:00 am Secretary of State **DOCUMENT # 763387** 1. Entity Name 01-25-2007 90049 038 ****61.25 COVERT MANAGEMENT, INC. Principal Place of Business Mailing Address 5210 GULF OF MEXICO DR. 5210 GULF OF MEXICO DR. **APT B201 APT B201** LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2200452 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEARWESTER, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 5230 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 City Zip Codo 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. + am familiar with, and accept the obligations of registered agent. Stonania Moed to printed name of registered agent and little if applicable (NOT) Registered Agent signalure required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 11113 PD ☐ Delete HIII NAM! NAME HAAS, FRED E., JR. 5210 GULF OF MEXICO DR. STREET ADDRESS STREET ADDRESS 5211 GULF OF MEXICO UNIT 303 CHY SI-ZIP LONGBOAT KEY FL 34228 CHY ST ZIP TOTAL ☐ Delete Change Addition VD 1011 NAME NAM AMEDEO, ROBERT STREET ADDRESS STREET ADDRESS 5230 GULF OF MEXICO DR UNIT 105 CITY ST 789 LONGBOAT KEY FL 34228 CHY ST ZIP ШП ☐ Delete ши Change Addition NAMI KORDIS, WILLIAM C. NAME SIREE! ADDRESS STREET ADDRESS 5210 GULF OF MEXICO DR., UNIT 2018 CITY S1-7IP CHY ST ZIP LONGBOAT KEY FL 34228 ☐ Change Addition mu Delete THE NAM NAMI STRLET ADDRESS STREET LADORESS CITY SI-ZIP CHY ST ZP Delete Change Addition HILL HILL IMAN NAMI STREET ADORESS STREET ADDRESS CHY SLZIP CHY ST 7IP Change ☐ Addition ☐ Delete NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, 1 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

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

941-383-6938