2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # F03000001792 03-24-2006 90015 048 ***158.75 1. Entity Name MANAGEMENT PLUS INC. Principal Place of Business Mailing Address 701 SPRING LAKES BOULEVARD 701 SPRING LAKES BOULEVARD BRADENTON, FL 34210 BRADENTON, FL 34210 2. Principal Place of Business 3. Mailing Address 4564 RUNABOUT 4564 RUNABOUT WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number BRADENTON BRADENTON FLORIDA FLORIDA 02-0669001 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 34203 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURD GERALD HURD, GERALD J Street Address (P.O. Box Number is Not Acceptable) 701 SPRING LAKE BLVD BRADENTON, FL 34210 4564 RUNABOUT WAY BRADENTON 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 familia the obligations of red tered agent. SIGNATURE (NOTE: Flegistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PC TITLE ☐ Delete TITLE ☐ Addition Change HURD, GERALD J. 4564 RUNABOUT WAY NAME HURD, GERALD J NAME STREET ADDRESS 701 SPRING LAKES BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP BRADENTON, FLORIDA 34203 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attaching by it is an address, with all other life empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED