2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # F03000003(INTAINS MANAGER, INC.	974 -					05-16-2008	3 90022 04	41 ***15	0.00
Principal Place	Mailing Address	·r			102	, - -				
11200 ROCK STE 502	VILLE PIKE	11200 ROCKVILLE PIKE STE 502								
ROCKVILLE, MD 20852 ROCKVILLE, MD 20852			52				Bidibirii: Boxii Boiib Bo	IIII GBIII BBITT IMI	8 (81% 168)) B(3	(BB) 1) (BB)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			;			7,7		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03252008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			ŀ	4. FEI Number 05-0573				plied For t Applicable
Zip	Country	Zip	Zip Counti		Certificate of Status Desired			_ \$9.75 Additional		
	6. Name and Address of Current R	l Registered Agent	1			7. Name and	Address of New F			
C T CODD	OBATION SYSTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code	
								FL	,	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ed office or	register	ed agent, or both	, in the State of Fl	lorida. I am fa	ımiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent at	no title if applicable. (NO)	TE: Registered	d Agent signatu	ore required	when reinstating)		DATE		
		1								
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0		itribution.	cing	\$5. Add	00 May Be ed to Fees			anna an ann ann à dea à the à th	
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND D	Trust Fund Con	tribution.		\$5. Adde		CHANGES TO OF	FICERS AND		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR