2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003675

1. Entity Name

MAKSIN MANAGEMENT CORP.



Principal Place of Business

2500 MCLELLAN AVENUE, STE. 160 KEVON OFFICE CENTER PENNSAUKEN, NJ 08109 Mailing Address

2500 MCLELLAN AVENUE, STE. 160 KEVON OFFICE CENTER PENNSAUKEN, NJ 08109

FILED Feb 22, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 D1062008
 No Chg-P
 CR2E034 (11/05)

 4. FE! Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

800-547-9646

Daylime Phone #

2/15/06

Date

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE

			e Te transfer	Supplementally and the supplemental suppleme	
8. The above	named entity submits this statement for the p	urpose of changing its registered	office or reg	istered agent, or both, in	the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered)	Agent signakke re	Quired when reinstating)	DATE
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FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees	
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12. I hereby of indicated of the coronact.	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered , or on an attachment with an address, with all	ing does not qualify for the exer and accurate and that my signatu to execute this report as require other like empowered.	nptions conta ire shall have ed by Chaple	sined in Chapter 119, Fi the same legal effect as r 607, Florida Statutes: a	orida Statutes. I further certify that the information if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

THOMAS F. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR