2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED () Apr 29, 2008 08:00 AM Secretary of State

ANNUAL REPURI					Secretary of Sta			
1. Entity Nam				50	eci etai	y ui Sia		
МСМАНО	ON MANAGEMENT CORPOR							
Principal Plac	e of Business	Mailing Address		1				
27800 RIVE		C/O MASOTTI & MASOTTI						
BONITA SPRINGS, FL 34134 1100 SUMMER ST STAMFORD, CT 06905			1 14 1 14 14 14 14 14 14 14 14 14 14 14		BB	!##1 # ### ###		
	ONOT WRITE	IN TUIC CD	N/E	04182008	No Chg-P	CR2E034 (11/	/05)	
		INTERNATIONS	**	4. FEI Numb			Applied For Not Applicable	
					of Status Desired	\$8.75	Additional	
	6. Name and Address of Current Re		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Car Survey Contract			
МСМАНО	N, RAYMOND E			המ	NAT WI	DITE *		
27800 RIVERWALK WAY				72	NOT WE	200		
BONITAS	SPRINGS, FL 34134			A IN	THIS SP/	ACE		
					al service	Marie Company		
	named entity submits this statement for the	e purpose of changing its regis	tered office or register		oth, in the State of Flore		with, and accept	
, · the obligat	tions of registered agent.							
Signature: typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature require				d when reinstating) DATE				
				00 Marina U000000931194				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				.00 May Be led to Fees	05/22/08-	80005-006	3 150.00	
10.	OFFICERS AND DIF	RECTORS				的统法		
TITLE NAME	CP MCMAHON, RAYMOND E							
STREET ADDRESS	27800 RIVERWALK WAY			1.44				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			A STATE				
TITLE NAME	S MCMAHON, ROSANNE		the state of the					
STREET ADDRESS	s 27800 RIVERWALK WAY							
CITY-ST-ZIP	BONITA SPRINGS, FL 34134							
TITLE NAME								
STREET ADDRESS				ากด้	NOT WI	PITE		
CITY-ST-ZIP								
TITLE				,∵IŅ∃	THIS SP	ACE		
STREET ADDRESS								
CITY-ST-ZIP			2/3/	Contract The contract of the c				

12. Thereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/124/08

Daytime Prione #