## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004283

Entity Name: THE MANNIK & SMITH GROUP, INC.

FILED Jan 04, 2007 Secretary of State

Current Pri	ncipal Place	of Business:	New Princ	New Principal Place of Business:		
1800 INDIAN WOOD CIRCLE MAUMEE, OH 43537						
Current Ma	iling Addres	s:	New Mailii	New Mailing Address:		
1800 INDIAI MAUMEE, C	N WOOD CIR DH 43537	RCLE				
FEI Number: 3	34-1206380	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desire	ed ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MANNIK, JAAN 16411 MILLSTONE CIRCLE #206 FORT MYERS, FL 33908 US						
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.						
SIGNATURE:						
Election Cam		ic Signature of Registered Agent  g Trust Fund Contribution ( ).			Date	
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	C () MANNIK, JAAN 1800 INDIAN W MAUMEE, OH		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC () SMITH, C. MICH 1800 INDIAN W MAUMEE, OH	OOD CIRCLE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () NIESE, DEAN N 1800 INDIAN W MAUMEE, OH	OOD CIRCLE	Title: Name: Address: City-St-Zip:	BERTZ, RICHA	WOOD CIRCLE	
Title: Name: Address: City-St-Zip:	D () BESHALSKE, T 1800 INDIAN W MAUMEE, OH	OOD CIRCLE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () BUSCHMANN, I 1800 INDIAN W MAUMEE, OH	OOD CIRCLE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) BROWNING, JO 1800 INDIAN W MAUMEE, OH	OOD CIRCLE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD F. BERTZ D 01/04/2007