

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F35125

1. Entity Name

LIST MANAGEMENT CO., INC.



Principal Place of Business

223 SUNSET AVE
STE 110
PALM BCH, FL 33480

Mailing Address

223 SUNSET AVE
STE 110
PALM BCH, FL 33480

DO NOT WRITE IN THIS SPACE



04142007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2103236

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIST, MARTIN A.
223 SUNSET AVE
STE 110
PALM BEACH, FL 33480

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IN THIS SPACE

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LIST, CYNTHIA S.
STREET ADDRESS	2727 EMBASSY DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DPT
NAME	LIST, MARTIN A
STREET ADDRESS	2425 EMBASSY DR
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000727342
05/04/07-80043-009 150.00

DO NOT WRITE
IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN LIST 4-18-07 (561) 655-7150