2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F79291

Entity Name: MINTO MANAGEMENT SERVICES, INC.

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
4400 W SAI STE 200 COCONUT	MPLE RD CREEK, FL	33073	US					
Current Mailing Address:					New Mailing Address:			
4400 W SAI STE 200 COCONUT	MPLE RD CREEK, FL	33073	US					
FEI Number: 5	59-2225208	FEI Nun	nber Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	s Desired ()
Name and	Address of C	urrent R	egistered Agent:		Name and	Address of	New Registered A	gent:
4400 W SAI STE 200 COCONUT	CREEK, FL	33073 U		purpose o	f changing its	s registered	office or registered	agent, or both,
SIGNATUR	E:							
		ic Signat	ure of Registered Ag	gent			Date	
Election Cam	paign Financing	g Trust Fu	nd Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD () JOANISSE, PHI 4400 W SAMPL COCONUT CRE	E RD, STE			Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () GREENBERG, I 4400 W SAMPL COCONUT CRE	E ROAD,			Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VST () RODGERS, FR 4400 W. SAMP COCONUT, FL	LE RD ST	200		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () GREENBERG, I 4400 W SAMPL POMPANO BEA	E RD STE			Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	C () POSIN, HARRY 4400 W SAMPL POMPANO BEA	LE RD, STE			Title: Name: Address: City-St-Zip:	POSIN, HARF 4400 W SAM	(X) Change () Addition RY PLE RD, STE 200 EACH, FL 33073	
Title: Name: Address: City-St-Zip:	V () UNGER, CRAIG 4400 W SAMPL POMPANO BEA	LE RD, STE			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 Section 119.07(3)(i), 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: FRANK RODGERS VST 04/23/2005