

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004853

FILED
May 31, 2006
Secretary of State

Entity Name: YORK MANAGEMENT & RESEARCH, INC.

Current Principal Place of Business:

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER, FL 33477

New Mailing Address:

FEI Number: 22-2229833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLSON, DAVID J
1061 E INDIANTOWN RD
SUITE 200
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: LABANZ, LEEANNE S
Address: 119 SARDINIA CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: P () Delete
Name: NICHOLSON, DAVID J
Address: 1061 E INDIANTOWN RD, SUITE 200
City-St-Zip: JUPITER, FL 33477

Title: DIR () Delete
Name: NICHOLSON, CHARLOTTE LYNN
Address: 3400 BARROW ISLAND ROAD
City-St-Zip: JUPITER, FL 33477

Title: DIR () Delete
Name: ESPUGA, KERRIE J
Address: 20 BROOKDALE ROAD
City-St-Zip: CRANFORD, NJ 07016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change () Addition
Name: LABANZ, LEEANNE S
Address: 119 SARDINIA CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: PS (X) Change () Addition
Name: NICHOLSON, DAVID J
Address: 1061 E INDIANTOWN RD, SUITE 200
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID J. NICHOLSON

PS

05/31/2006

Electronic Signature of Signing Officer or Director

_____ Date