2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# F94000002189

Entity Name: COLBY MANAGEMENT, INC.

Current Principal Place of Business:

300 MARY ESTHER BLVD.
ROOM 34, S. ROSA MAL
MARY ESTHER, FL 32569 US

New Principal Place of Business:

300 MARY ESTHER BLVD.
ROOM 34, S. ROSA MALL
MARY ESTHER, FL 32569 US

Current Mailing Address:

300 MARY ESTHER BLVD.
ROOM 34, S. ROSA MAL
MARY ESTHER, FL 32569 US

New Mailing Address:

300 MARY ESTHER BLVD.
ROOM 34, S. ROSA MALL
MARY ESTHER, FL 32569 US

FEI Number: 52-1866616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ROBERT
300 MARY ESTHER BLVD., 34
MARY ESTHER, FL 32569 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, ROBERT
Address: 100 GULFSHORE DR 105
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: GONZALEZ, ROBERT
Address: 720 RUDDER RD
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: GONZALEZ, IDALIA
Address: 720 RUDILES RD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT GONZALEZ PD 04/16/2006

Electronic Signature of Signing Officer or Director Date