
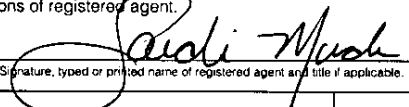
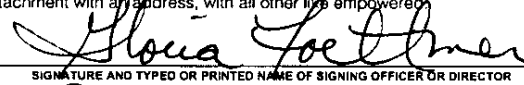


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90167 020 ***150.00

DOCUMENT # F96000006430 1. Entity Name MINOS MANAGERS, INC.					
Principal Place of Business 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435			Mailing Address 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 205 Ranchitos Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Taos Nm		4. FEI Number 65-0711487	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
81571		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name Sandi Morick Street Address (P.O. Box Number is Not Acceptable) 1105 N. Federal Hwy City Boynton Beach FL Zip Code 33435		
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 			DATE 3/20/07		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, KIMBERLY A <input type="checkbox"/> Delete 125 LA POSTA RD TAOS, NM 87571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E JR <input type="checkbox"/> Delete 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WINTZER, WILLIAM R <input checked="" type="checkbox"/> Delete 1105 N FEDERA HWY BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Gloria Foellmer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 205 Ranchitos Road Taos Nm 87571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECHER, LAURA <input checked="" type="checkbox"/> Delete 125 LA POSTA RD TAOS, NM 87571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 a address, with all other like empowered.					
SIGNATURE: 			DATE 3-15-07 DAYTIME PHONE # 505-758-5090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gloria Foellmer			Date Daytime Phone #		