


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G06507</b> 1. Entity Name ONTARIO MANAGEMENT CORP.	
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Principal Place of Business 867 S ATLANTIC AVE ORMOND BEACH, FL 32176 US	Mailing Address 867 S ATLANTIC AVE ORMOND BEACH, FL 32176 US
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**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2316306	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  FINCKE, GERALD 867 S ATLANTIC AVE ORMOND BCH., FL 32176
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**DO NOT WRITE  
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 \_\_\_\_\_ U00000568228  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) 07/06/06-86814-010-150.75

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ALBERT, RICHARD F. 655 PULLMAN AVE ROCHESTER, NY 14615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADER, MICHAEL E. 655 PULLMAN AVE ROCHESTER, NY 14615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PREMO, VICTORIA E. 867 S. ATLANTIC AVE. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Victoria E. Premo Victoria E. Premo 07/03/06 (386) 677-2440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #