

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G22766

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: ROYALTON MANAGEMENT CORPORATION

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3211 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-2314040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARKER, REX M.  
3211 PONCE DE LOEN BLVD., SUITE 301  
CORAL GABLES, FL 33134 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: MILTON, CECIL  
Address: 3211 PONCE DELEON BL 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: BARKER, REX M  
Address: 3211 PONCE DELEON BL 301  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CECIL MILTON

PD

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date