

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10583

Entity Name: MANAG CORPORATION

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

150 S.E. 17TH ST  
400  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

439 S.W. 48TH STREET ROAD  
OCALA, FL 34474 US

## New Mailing Address:

FEI Number: 06-1113140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAGDA, HARSHADA  
439 S.W. 48TH STREET ROAD  
OCALA, FL 34474 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: PSTD ( ) Delete  
Name: NAGDA, HARSHADA  
Address: 439 S.W. 48TH STREET ROAD  
City-St-Zip: Ocala, FL 34474 US

Title: STD ( ) Delete  
Name: NAGDA, HARSHADA,  
Address: 439 S.W. 48TH STREET ROAD  
City-St-Zip: Ocala, FL 34474 US

Title: D (X) Delete  
Name: RASIK D. NAGDA,  
Address: 150 S.E. 17TH ST., #400  
City-St-Zip: Ocala, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: NAGDA, RASIK  
Address: 439 S.W. 48TH STREET ROAD  
City-St-Zip: Ocala, FL 34474 US

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

I hereby certify that the information supplied with this filing does not qualify 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: HARSHADA NAGDA

PSTD

04/29/2007

Electronic Signature of Signing Officer or Director

Date