


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90239 032 \*\*\*150.00

<b>DOCUMENT # H99716</b> 1. Entity Name <b>MANAGEMENT ASSOCIATES GROUP, INC.</b>					
Principal Place of Business <b>P.O. BOX 137 GREENDALE, WI 53129-0137</b>			Mailing Address <b>P.O. BOX 137 GREENDALE, WI 53129-0137</b>		
2. Principal Place of Business <b>4811 S 76th Street</b> Suite, Apt. #, etc. <b>Suite #211</b> City & State <b>Greenfield, WI</b> Zip <b>53220</b>		3. Mailing Address <b>4811 S 76th Street</b> Suite, Apt. #, etc. <b>Suite #211</b> City & State <b>Greenfield, WI</b> Zip <b>53220</b>		01172005    Chg-P    CR2E034 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-2635883</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STROSS LAW FIRM, P.A. 1801 PEPPER TREE DRIVE OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHLYTTER, ROBERT O 2212 HARBOR CT DR LONGBOAT KEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARTMAN, JAMES C 1415 SOVEREIGN CT. ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4811 S 76th Street #211, G Greenfield, WI 53220	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Robert O. Schlytter ROBERT O SCHLYTTER</b> 2/25/2005    414/281-6000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					