2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10558

OGDEN, CHRISTINE

SPRING HILL, FL 34606

376 UPTON AVE

Name:

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

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|------------------------------------------------------------------------|-------------|-------------------------------------------------|--------------------------|------------|---------------------------------------------------------------------------|-------------|------------------------------------------------------|
| Entity Nan | ON MANAG | BEMENT, INC. | | | | | |
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | |
| 6234 COMI BROOKSV | | | | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | |
| 6234 COMI BROOKSV | | | | | | | |
| FEI Number: | 59-2853068 | FEI Nu | mber Applied For () | FEI Num | nber Not Appl | icable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of | | | | | | | of New Registered Agent: |
| KIERZYNSKI, MICHAEL 5143 COMMERCIAL WAY SPRING HILL, FL 34606 US | | | | | DAMON, CHARLES P PRES. 6234 COMMERCIAL WAY BROOKSVILLE, FL 34613 US | | |
| The above in the State | of Florida. | • | this statement for the p | ourpose of | f changing i | ts registei | red office or registered agent, or both, 03/04/2009 |
| Electronic Signature of Registered Agent | | | | | Date | | |
| Election Can | | J | ınd Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | | () Delete HARLES HNSON WAY D, CO 80232 | | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | | () Delete ARY HNSON WAY D, CO 80232 | | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title [.] | VP | () Delete | | | Title [.] | VP | (X) Change () Addition |

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.

Name:

Address:

City-St-Zip:

BARTON, CHRISTINE

11301 FERENDINA WAY

SPRING HILL, FL 34609

SIGNATURE: C. P. DAMON PRES 03/04/2009