2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J42206

1. Entity Name MANSTAR CORPORATION



FILED Jun 02, 2006 08:00 AM Secretary of State

Principal Place of Business

101 E KENNEDY BLVD STE 3170

TAMPA, FL 33602 US

Mailing Address

101 E KENNEDY BLVD STE 3170

TAMPA, FL 33602 US



DO NOT WRITE IN THIS SPACE			04242006 No Chg-P CR2E034 (11/05)				
			4. FEI Number 59-3118187 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current	Registered Agent				1.00	· Noquiled	
MANEY, RICHARD H 101 E. KENNEDY BLVD. SUITE 3170 TAMPA, FL 33602				NOT W THIS SP			
The above named entity submits this statement to the obligations of registered agent. SIGNATURE	or the purpose of changing its registered	office or registere	d agent, or b	oth, in the State of Flo	rida. I am fami	lliar with, and accept	
Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when to			hen reinstating)	on reinslating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campaign Financin Trust Fund Contribution.		0 May Be d to Fees				
10. OFFICERS AND	DIRECTORS						
TITLE D MAME MANEY, RICHARD HENRY STREET ADDRESS CITY-ST-ZIP TAMPA, FL	70			990909 99702.406-		14 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE:		
TITLE NAME STREET ADDRESS CUTY_ST_7IP			İN	THIS SP	ACE		

12. I hereby certify that the information supplied with this tiling 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: _

TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/2/06

313 221-1366

Daytime Phone #