2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# K26952

Entity Name: SUNBELT MANAGEMENT COMPANY

Current Principal Place of Business:

% SHEPHERD D. JOHNSTON
220 CONGRESS PARK DRIVE, SUITE 215
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

% SHEPHERD D. JOHNSTON
220 CONGRESS PARK DRIVE, SUITE 215
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0055655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DRIVE
SUITE 215
DELRAY BEACH, FL 33445 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:	D	( ) Delete
Name:	MANN, HUGO,	
Address:	220 CONGRESS PK DR 215	
City-St-Zip:	DELRAY BEACH, FL	
Title:	SVP	( ) Delete
Name:	GARDNER, RAYMOND G.	
Address:	220 CONGRESS PARK DR #215	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	PD	( ) Delete
Name:	REEVES, RICHARD M.	
Address:	5109 FOXPOINTE CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	JOHNSTON, SHEPHERD D.	
Address:	17 PELICAN ISLE	
City-St-Zip:	FORT LAUDERDALE, FL	
Title:	S	( ) Delete
Name:	FALVEY, STEPHEN T	
Address:	220 CONGRESS PK DR 215	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	MANN, JOHANNES,	
Address:	220 CONGRESS PK DR #215	
City-St-Zip:	DELRAY BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SHEPHERD D. JOHNSTON P 01/04/2006
Electronic Signature of Signing Officer or Director — Date