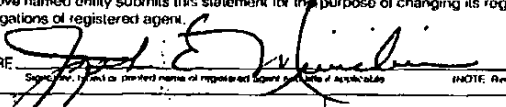


FILED
Mar 27, 2006 8:00 am
Secretary of State

3/1

03-07-2006 90001 023 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K93540			
1. Entity Name PRIVATE CASE MANAGEMENT, INC.			
Principal Place of Business 380 NO WICKHAM RD. MELBOURNE, FL 32935 US		Mailing Address P O BOX 760 MELBOURNE, FL 32902-0760 US	
2. Principal Place of Business 4356 FORTUNE PLACE		3. Mailing Address	
Suite, Apt. #, etc. 13		Suite, Apt. #, etc.	
City & State W MELBOURNE FL		City & State	
Zip 32904	Country USA	Zip	Country
4. FEI Number 59-2957123		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, LYNNE 304 SO HARBOR CITY BLVD. SUITE 200 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name JOSEPH MINIELLER Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE MADGE E City COCOA FL Zip Code 32924	
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  DATE 3/1/06 (NOTE: Registered Agent signature required when reappointing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PT	☐ Delete	
NAME	WHITLEY, BARBARA R.		
STREET ADDRESS	380 NO WICKHAM ROAD SUITE 1 (ALPHA)		
CITY, ST, ZIP	MELBOURNE, FL 32935		
TITLE	VP	☐ Delete	
NAME	WHITLEY, CHARLES		
STREET ADDRESS	380 NO WICKHAM ROAD SUITE 1 (ALPHA)		
CITY, ST, ZIP	MELBOURNE, FL 32935		
TITLE	S	☐ Delete	
NAME	WHITLEY, JULIE		
STREET ADDRESS	5410 BROWNELL ST.		
CITY, ST, ZIP	ORLANDO, FL 32810		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☒ Change ☐ Addition	
NAME			
STREET ADDRESS	4356 FORTUNE PLACE "B"		
CITY, ST, ZIP	W MELBOURNE FL 32904		
TITLE		☒ Change ☐ Addition	
NAME			
STREET ADDRESS	4356 FORTUNE PLACE "B"		
CITY, ST, ZIP	W MELBOURNE FL 32904		
TITLE		☒ Change ☐ Addition	
NAME			
STREET ADDRESS	2408 JAMIE CIRCLE		
CITY, ST, ZIP	ORLANDO FL 32803		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information supplied with this filing 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 charged, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-20-06 (72) 674-6070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Name: (Print Name)	