


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L19785
 1. Entity Name
MANNING INVESTMENTS, INC.



Principal Place of Business
**9465 PENSACOLA BLVD
 PENSACOLA, FL 32534**

Mailing Address
**9465 PENSACOLA BLVD
 PENSACOLA, FL 32534**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2974731 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MANNING, MARSHA E.
 9465 PENSACOLA BLVD
 PENSACOLA, FL 32534**

DO NOT WRITE IN THIS SPACE

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)

U00000608467
 02/01/07-80012-005 150.00
 DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANNING, CLARK E. 3506 WIGGINS LN CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MANNING, MARSHA E. 3506 WIGGINS LN CANTONMENT, FL 32533
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marsha E Manning* **MARSHA E Manning** 1-24-07 (850) 479-9201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #