## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# L45229

**FILED** Aug 21, 2006 Secretary of State

Entity Name: MIRAMAR MANAGEMENT SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 214 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 214 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548 FEI Number: 59-2992320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURKE, LES W., ESQUIRE 221 MCKENZIE ÁVENUE PANAMA CITY FL, FL 32401 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MALAS, MOHANNAD S., Name: Name: MALAS, MOHANNAD S., 23292 PACIFIC COAST HWY, SUITE 150 Address: 6892 S. YOSEMITE COURT, SUITE 2-105 Address: City-St-Zip: LAGUNA BEACH, CA 92651 City-St-Zip: CENTENNIAL, CO 80112

Title: () Delete Title: () Change () Addition

Name: MARGOLIAS, SOL M., Name: #6 CONCOURSE PLACE, SUITE 2990 Address: Address: ATLANTA, GA 30328 City-St-Zip: 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 Statutés. 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: MOHANNAD S. MALAS 08/21/2006 D