


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90054 048 ***150.00

DOCUMENT # L50390 1. Entity Name SEARCH MANAGEMENT, INC.	
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50006203



Principal Place of Business 2001 N. OCEAN BLVD., SUITE 705 BOCA RATON, FL 33431 US		Mailing Address 2001 N. OCEAN BLVD., SUITE 705 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0175392	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHANDLER, CANDY 2001 N. OCEAN BLVD. SUITE 705 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDLER, CANDY 2001 N. OCEAN BLVD. #705 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANDY-CHANDLER-ATTANASIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Candy Chandler-Attanasio (see enclosed marriage license) **CANDY CHANDLER-ATTANASIO**
1-15-05 561-367-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

L50390
50006203

(STATE FILE NUMBER)

DATE RETURNED: **OCT 13 2004**

RECORDED: BOOK **350** PAGE **218**

HOWARD C. FORMAN, CLERK OF COURT

BY **RL**, DEPUTY CLERK

ML-NO-04-001964
 (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) MICHAEL ALBERT ATTANASIO			2. DATE OF BIRTH (Month, Day, Year) MAY 27, 1948		
3a. RESIDENCE - CITY, TOWN, OR LOCATION CORAL SPRINGS		3b. COUNTY BROWARD	3c. STATE FLORIDA		4. BIRTHPLACE (State or Foreign Country) NEW YORK
5a. BRIDE'S NAME (First, Middle, Last) KAREN CANDACE CHANDLER			5b. MAIDEN SURNAME (if different) CHANDLER		6. DATE OF BIRTH (Month, Day, Year) JAN 18, 1953
7a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON		7b. COUNTY PALM BEACH	7c. STATE FLORIDA		8. BIRTHPLACE (State or Foreign Country) MINNESOTA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Michael Albert Attanasio</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 20, 2004	
11. TITLE OF OFFICIAL DEPUTY CLERK PASHETTA BLUE		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Pashetta Blue</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Karen Candace Chandler</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 20, 2004	
15. TITLE OF OFFICIAL DEPUTY CLERK PASHETTA BLUE		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Pashetta Blue</i>	

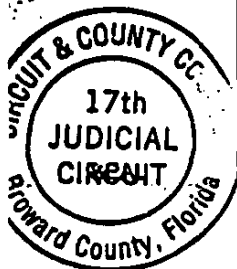
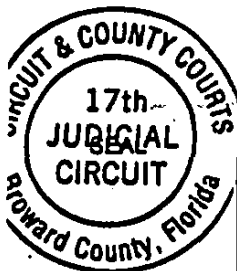
LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED AUG 20, 2004	19a. DATE LICENSE EFFECTIVE AUG 23, 2004	19. EXPIRATION DATE OCT 21, 2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Pashetta Blue</i>		20b. TITLE DEPUTY CLERK PASHETTA BLUE	
20c. BY D.C.			

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) September 25, 2004		22. CITY, TOWN, OR LOCATION OF MARRIAGE Orlando	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Randolph H. Patterson</i>		23c. ADDRESS (Of person performing ceremony) 620 Mission Hill Rd, Boynton Beach, FL 33435	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (for registry stamps) RANDOLPH H. PATTERSON SENIOR MINISTER, SEABRIST PRESBYTERIAN		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	



SEAL