2005 FOR PROFIT CORPORATION

Apr 26, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L83192** 1. Entity Name SAWRUK MANAGEMENT, INC. Mailing Address Principal Place of Business_ 1410 ALBERTA DRIVE 1410 ALBERTA DRIVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 US No Chg-P CR2E034 (10/03) 04222005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3017669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SAWRUK, MICHAEL 1410 ALBERTA DRIVE WINTER PARK, FL 32789 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. Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. **DPS** TITLE SAWRUK, MICHAEL PRES. NAME 1410 ALBERTA DRIVE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP TITLE U00000332878 STREET ADDRESS 04/26/05-80077-006 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 audiess, with all otherwise empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Michael Sawruk, President

FILED