2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

DOCUMENT # M92477 1. Entity Name WARRANTY MANAGERS, INC.			04-06-2007 90042 007 ***150.00					
Mailing Address 6053 LEXINGTON PK. ORLANDO, FL 32819								
ce of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.			04022007	Chg-P	CR2E034 (1	12/06)		
City & State			1	161	_	-	plied For t Applicable	
Zip	Countr	у	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent				
GARRITY, WILLIAM J. 6053 LEXINGTON PARK			street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32819								
City					FL 2	Zip Code		
or the purpose of changing its	registered	d office or regis	stered agent, or both	, in the State of Flo	orida. I am farnili	iar with,	and accept	
and whe if applicable (NOT	E: Registered	Agent signature requ	uired when reinstating)		DATE			
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	11.	Dw						
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⊠ Delete	TITLE					Change	☐ Addition	
17 E ST JOSEPH ST		T ADDRESS						
			cretary/Tr	easurer		Channe	☐ Addition	
BOUGHTON, MARY JANE					حي	gu		
☐ Delete	TITLE			•	irector	Change	☐ Addition	
4565 RUTLAND DUNN TOWNLINE RD. STR		TADDRESS 325	Miron Drive, #140					
G Delete	TITLE	SOI SOI	uthlake, T	x 76092		Change	Addition	
A 2000					_			
□ Delete	TITLE					Change	Addition	
	CITY-	ST-ZIP						
	3. Maliting Address Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing its and bile if applicable (NO: 9. Election Campa Trust Fund Con DIRECTORS Delete Delete Delete Delete	3. Maliting Address Suite, Apt. #, etc. City & State Zip Countres Registered Agent or the purpose of changing its registered and bitle if applicable. (NOTE: Registered and bitle if applicable.) (NOTE: Registered and bitle if applicable. (NOTE: Registered and bitle if applicable.) (NOTE: Registered and bitle	3. Maliting Address Suite, Apt. #, etc. City & State Zip Country Registered Agent Name Street Address City or the purpose of changing its registered office or registered Agent signature required Agent signature re	3. Maliting Address Suite, Apt. #, etc. City & State City & State City & State A. FEI Number 59-2911 Zip Country Street Address (P.O. Box Number Street Address (P.O. Box Number City City City City City City City City	Mailing Address 6053 LEXINGTON PK. ORLANDO, FL 32819 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Applicable City The purpose of changing its registered office or registered agent, or both, in the State of Fl Street Address (P.O. Box Number is Not Acceptable) City The purpose of changing its registered agent agent, or both, in the State of Fl And Mier's applicable (NOTE: Registered Agent signature required when renature) 9. Election Campaign Financing Trust Fund Contribution. Directors 11. ADDITIONS/CHANGES TO OFF MAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TO Delete TITLE NAME STREET ADDRESS CITY-ST-2P THE MCNabney, William J. 32 5 Mirron Drive, #140 Southlake, TX 76092	Mailing Address 6053 LEXINGTON PK. ORLANDO, FL 32819 3. Mailing Address Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2911161 Zip Country 5. Certificate of Status Desired \$6. Fee! Name Street Address (P.O. Box Number is Not Acceptable) City The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am family and their supplicable (NOTE Registered Agent agress agressive recured when resistancy) DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIR DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIR STREET ADDRESS OTY-51-2P Debte ITILE MANE STREET ADDRESS OTY-51-2P Debte TILE MANE STREET ADDRESS OTY-51-2P ACRONALSS STREET ADDRESS OTY-51-2P TILE MANE STREET ADDRESS OTY-51-2P ACRONALSS STREET ADDRESS OTY-51-2P TILE MANE STREET ADDRESS OTY-51-2P ACRONALSS STREET ADDRESS OTY-51-2P ACRONALSS STREET ADDRESS STREET	Mailing Address 6053 LEXINGTON PK. ORLANDO, FL 32819 3. Mailing Address Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) City & State 4. FEI Number 59-2911161 No No State 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and live if spokuse. 0/01E-flog stered Agent spipulater required when remastere) DIRECTORS 10. Address (P.O. Box Number is Not Acceptable) PL Zip Code Fe Require Note in spokuse. 0/01E-flog stered Agent spipulater required when remastere) DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILL INAME STREET ADDRESS OTY-ST-2P Detec Detec INE NAME STREET ADDRESS OTY-ST-2P Detec NE RO. STREET ADDRESS OTY-ST-2P Detec NE RO. STREET ADDRESS OTY-ST-2P Change MANE STREET ADDRESS OTY-ST-2P STREET ADDRESS OTY-ST-2P Change MANE STREET ADDRESS OTY-ST-2P Detec NE RO. STREET ADDRESS OTY-ST-2P Detec TILL NAME STREET ADDRESS OTY-ST-2P STREET ADDRESS OTY-ST-2P OTHER STREET ADDRESS OTY-ST-2P	

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 in a purple with all other like empowered.

GNATURE:

When 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 by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in a purple with all other like empowered.

GNATURE:

Jane Boughton 4/2/07 (407) 876-092

(407) 876-0929

Daytime Phone #