

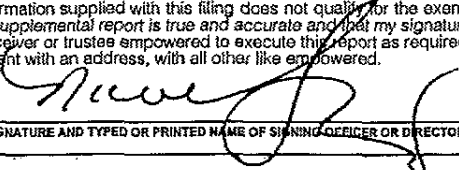
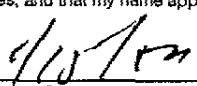


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006262						
1. Entity Name MARGATE BUSINESS PARK OWNERS ASSOCIATION, INC.						
Principal Place of Business SWIFT MANEGMENT & SOLUTIONS 1750 UNIVERISTY DR #205 POMPANO BEACH, FL 33071	Mailing Address SWIFT MANEGMENT & SOLUTIONS 1750 UNIVERISTY DR #205 POMPANO BEACH, FL 33071	 01072007 No Chg-NP CR2E037 (4/06) <table border="1" style="width:100%"><tr><td>4. FEI Number NOT APPLICABLE</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR #205 POMPANO BEACH, FL 33071		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
Filing Fee is \$61.25 Due by May 1, 2007						
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<div>U00000593081 01/22/07-80017-006 61.25</div> DO NOT WRITE IN THIS SPACE				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWIFT, NICOLE 1750 UNIVERSITY DR #205 POMPANO BEACH, FL 33071					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, CHUCK 1750 UNIVERSITY DR #205 POMPANO BEACH, FL 33071					
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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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date  <small>Date</small> Daytime Phone # _____ <small>Daytime Phone #</small>				