## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006037

FILED Jun 28, 2006 Secretary of State

Entity Name: MANNA PROPERTIES & INVESTMENTS, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 1614 EAST RIVER COVE ST 3614 EAST ELLICOTT STREET TAMPA, FL 33604 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** POB 8594 TAMPA, FL 33674 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, LORRAINE Y JACKSON, LORRAINE M 1614 EAST RIVER COVE ST. 640 DR. MARY MCLEOD BETHUNE BLVD. TAMPA, FL 33604 DAYTONA, FL 32114 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: LORRAINE M. JACKSON 06/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HARRIS, LORRAINE Y Name: Name: Address: POB 8594 Address: City-St-Zip: TAMPA, FL 33674 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GOSA-STOKES, TAMEKIA T Name: THOMPSON, DERRIC E Name: Address: POB 8594 Address: 3614 EAST ELLICOTT City-St-Zip: TAMPA, FL 33674 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: ( ) Change (X) Addition HARRIS, WILLIEMAE Name: Name: 1614 EAST RIVER COVE STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE Y. HARRIS PRES 06/28/2006