2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N06000010630

Entity Name: CORINTHIAN MANAGEMENT, INC.

Current Principal Place of Business:

209 W 1ST STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 2736
SANFORD, FL 32772

New Mailing Address:

FEI Number: 20-5838649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOVACSIK, RICHARD A
8297 DAY LILY PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KOVACSIK, RICHARD A
Address: 8297 DAY LILY PLACE
City-St-Zip: SANFORD, FL 32771

Title: DV ( ) Delete
Name: CORVILLE, JOHN G
Address: 463 SYCAMORE SPRINGS STREET
City-St-Zip: DEBARY, FL 32713

Title: DT ( ) Delete
Name: KOVASCIK, JUSTIN S
Address: 3203 TWIN WOOD TRACE
City-St-Zip: SANFORD, FL 32771

Title: DS ( ) Delete
Name: CORVILLE, MARIA L
Address: 463 SYCAMORE SPRINGS STREET
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: KOVASCIK, JUSTIN S
Address: 2261 STOCKTON DRIVE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIA CORVILLE DS 02/15/2007

Electronic Signature of Signing Officer or Director — Date