## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000008422

FILED Feb 06, 2006 Secretary of State

| Entity Name: MAVERICK N  | ANAGEMENT SERVICES,            | INC.  |   |                         |                |
|--|--------------------------------|---|---|-------------------------|----------------|
| Current Principal Place of Business:   |                                | New Princ                                   | New Principal Place of Business:                    |                         |                |
| P O BOX 691777<br>ORLANDO, FL 32869  |                                |   |   |                         |                |
| Current Mailing Address:   |                                | New Maili                                   | New Mailing Address:                                |                         |                |
| P O BOX 691777<br>ORLANDO, FL 32869  |                                |   |   |                         |                |
| FEI Number: 59-3620366 FE  | El Number Applied For()        | FEI Number Not Appl                         | icable ( )  | Certificate of Status I | Desired ( )    |
| Name and Address of Curre  | Name and                       | Name and Address of New Registered Agent:   |   |                         |                |
| HAROON, KHAWAJA<br>P O BOX 691777<br>ORLANDO, FL 32869 US  |                                |   |   |                         |                |
| The above named entity subn in the State of Florida.   | nits this statement for the pu | urpose of changing i                        | ts registered                                       | office or registered a  | gent, or both, |
| SIGNATURE:   |                                |   |   |                         |                |
| Electronic Signature of Registered Agent   |                                | nt  |   | Date                    |                |
| Election Campaign Financing Tru  | st Fund Contribution ( ).      |   |   |                         |                |
| OFFICERS AND DIRECTORS:  |                                | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:        |                         |                |
| Title: D () Dele  Name: KHAWAJA, TARIQ L  Address: P O BOX 691777  City-St-Zin: ORI ANDO FL 3286 |                                | Title:<br>Name:<br>Address:<br>City-St-7in: | PST (X<br>KHAWAJA, HA<br>P O BOX 6917<br>ORLANDO EL | 777                     |                |

Title: PST (X) Delete Title: () Change () Addition KHAWAJA, HAROON Name: Name: Address: P O BOX 691777 Address: ORLANDO, FL 32869 City-St-Zip: City-St-Zip: () Change () Addition

Title: Title: (X) Delete Name: KHAWAJA, KHURRUM Name: Address: P O BOX 691777 Address: City-St-Zip: ORLANDO, FL 32869

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROON KHAWAJA Ρ 02/06/2006