


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000019584</b> 1. Entity Name MANAGEMENT ADVISORY SERVICES, INC.	
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Principal Place of Business 1601 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33071	Mailing Address C/O JOEL GAULKIN 1320 S. DIXIE HWY, PH 1275 CORAL GABLES, FL 33146
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05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1001575	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  GAULKIN, JOEL ESQ. 1320 S. DIXIE HWY PH 1275 CORAL GABLES, FL 33146
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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 <u>Joel Gaulkin, Esq.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/18/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARF, MICHAEL 1601 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33071
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<p>U00000563305 05/20/06-80006-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 607, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/25/2006</u> Daytime Phone # <u>(954) 609-7271</u>