


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000043436</b>		
1. Entity Name MIDGARD MANAGEMENT, INC.		

Principal Place of Business 1475 WEST CYPRESS CREEK ROAD STE 202 FT LAUDERDALE, FL 33309	Mailing Address 1475 WEST CYPRESS CREEK ROAD STE 202 FT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FE# Number 65-1004467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLIFFORD I. HERTZ, P.A.  
ONE NORTH CLEMATIS STREET, SUITE 500  
WEST PALM BEACH, FL 33401

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSTEIN, JAMES E 1475 WEST CYPRESS CREEK ROAD STE 202 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, ANDERS U 1475 WEST CYPRESS CREEK ROAD STE 202 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BAND, ROBERT 1475 W CYPRESS CREEK RD STE 202 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PORRAS, MARA 1475 W CYPRESS CREEK RD STE 202 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80105-018 150.00

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:  VPT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07 786-425-0601  
Date Daytime Phone #