2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049874

Entity Name: MOJO MANAGEMENT COMPANY

FILED Apr 27, 2006 Secretary of State

Littly Nai	ile. WOJO WA	NAGEWENT COWFAINT						
Current Principal Place of Business:				New Principal Place of Business:				
95 S 10TH ST HAINES CITY, FL 33844				851 WEST KOKOMO ROAD LAKE HAMILTON, FL 33851				
Current Mailing Address:				New Mailing Address:				
95 S 10TH ST HAINES CITY, FL 33844				P. O. BOX 2039 HAINES CITY, FL 33845				
FEI Number:	59-3653504	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certific	ate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
REILLY, FRED 95 S 10TH ST HAINES CITY, FL 33844 US				REILLY, FRED 851 WEST KOKOMO ROAD LAKE HAMILTON, FL 33851 US				
	named entity s of Florida.	ubmits this statement for the p	urpose o	f changing it	s registered	office or	registered ag	ent, or both,
SIGNATURE:				04/27/2006				
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () REILLY, FRED 95 S 10TH ST HAINES CITY, F	Delete L 33844		Title: Name: Address: City-St-Zip:	D (X REILLY, FREI 851 WEST KO LAKE HAMILT	OKOMO RO		
Title: Name: Address: City-St-Zip:	D () BEASLEY, FREI 6126 INDIAN ME ORLANDO, FL	ADOW		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () LEVENDASKI, J 12316 WOLFF [BROOMFIELD, 0	DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition	

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: FRED REILLY D 04/27/2006