

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**PAILED**  
**Apr. 14, 2006 08:00 AM**  
**Secretary of State**  
**BY: 13834**

**DOCUMENT # P01000053561**

**1. Entity Name**  
**NATION 1 MANAGEMENT, INC.**



1st MOORE CR2E034 (10/05)

**Principal Place of Business**  
 1300 N FEDERAL HWY  
 SUITE 102  
 BOCA RATON FL 33432

**Mailing Address**  
 1300 N FEDERAL HWY  
 SUITE 102  
 BOCA RATON FL 33432

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** **65-1108982** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORELLI, JOHN**  
**1300 N FEDERAL HWY**  
**SUITE 102**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City** **FL** **Zip Code**

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>CORELLI, JOHN</b>
<b>STREET ADDRESS</b>	<b>2871 N. OCEAN BLVD. M-434</b>
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33431</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ **Change** ☐ **Add**

**04/28/06-80023-005 150.00**

☐ **Change** ☐ **Add**

☐ **Change** ☐ **Add**

☐ **Change** ☐ **Add**

☐ **Change** ☐ **Add**

☐ **Change** ☐ **Add**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *[Signature]* **4/14/06**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**