2006 FOR PROFIT CORPORATION

FILED Mar 29, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000093567 PRINCE MANAGEMENT, INC. Principal Place of Business Mailing Address 3351 N 36TH PLACE 3351 N 36TH PLACE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1149677 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ATKINSON, WILSON C III **DO NOT WRITE** C/O ATKINSON, DINER, STONE ET AL 1946 TYLER ST IN THIS SPACE HOLLYWOOD, FL 33020 5. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRINCE, ESSIE NAME 000000484032 STREET ADDRESS 3351 N 36TH PLACE CITY-ST-ZIP HOLLYWOOD, FL 33021 04/12/06-80023-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C17Y-S7-Z1P TITLE STREET ADDRESS CITY-ST-ZIP

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

NAME STREET ADDRESS

Davime Phone 8