

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90022 011 \*\*\*150.00

40035116



02022007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000099237</b> 1. Entity Name <b>FDP MANAGEMENT, INC.</b>					
Principal Place of Business <b>8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324</b>			Mailing Address <b>8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324</b>		
2. Principal Place of Business - No P.O. Box # <b>490 Sawgrass Corp. Parkway</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Sunrise, Florida</b> Zip <b>33325</b> Country <b>USA</b>		3. Mailing Address <b>490 Sawgrass Corp. Parkway</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Sunrise, Florida</b> Zip <b>33325</b> Country <b>USA</b>		4. FEI Number <b>65-1144556</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUTTA, FRANK A 8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>Gutta, Frank</b> Street Address (P.O. Box Number is Not Acceptable) <b>490 Sawgrass Corp. Parkway #310</b> City <b>Sunrise</b> FL Zip Code <b>33325</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUTTA, FRANK A 8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gutta, Frank 490 Sawgrass Corp Parkway #310 Sunrise, Florida 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAGO, PETER 8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Jago, Peter 490 Sawgrass Corp. Parkway #310 Sunrise, Florida 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCCARTHY, DON 8211 WEST BROWARD BLVD SUITE 350 PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD McCarthy, Don 490 Sawgrass Corp. Parkway #310 Sunrise, Fl. 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <b>3/8/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					