2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105625

Entity Name: THE GARFIELD MANAGEMENT COMPANY, INC.

FILED Jun 14, 2005 Secretary of State

O 4 D	nin sin al Dissa	of Business	New Principal Place of Business:			
	rincipai Piace TEE COVE	e of Business:	New Princ	ipai Piace d	or Business:	
	ACH, FL 3296	3				
Current Mailing Address:			New Mailing Address:			
	TEE COVE ACH, FL 3296	3				
FEI Number:	: 65-1151885	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
817 BEAC	CHARLES E HLAND BLVD ACH, FL 3296					
	named entity : e of Florida.	submits this statement for the p	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () GARFIELD, DA 731 MANATEE VERO BEACH,	COVE	Title: Name: Address: City-St-Zip:	1	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () GARFIELD, CR 6333 E CALLE TUCSON, AZ 8	MARTE	Title: Name: Address: City-St-Zip:	VPD GARFIELD, 0 11393 E PRI TUCSON, AZ	NCE RD.	
Title: Name: Address: City-St-Zip:	SD () GARFIELD, KA 29420 YNEZ R TEMECULA, C/	D.	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	TASD () GARFIELD, SH 731 MANATEE VERO BEACH,	COVE	Title: Name: Address: City-St-Zip:	1	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID C. GARFIELD PD 06/14/2005