


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 035 ***150.00

DOCUMENT # P02000003281	
1. Entity Name SDG MANAGEMENT, INC.	

Principal Place of Business 6526 SOUTH KANNER HIGHWAY #290 STUART, FL 34997	Mailing Address 6526 SOUTH KANNER HIGHWAY #290 STUART, FL 34997
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DO NOT WRITE IN THIS SPACE

	
01162008 No Chg-P	CR2E034 (11/05)
4. FEI Number 30-0043935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

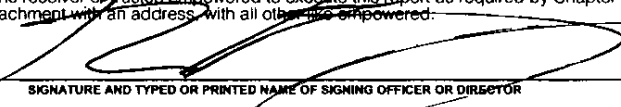
6. Name and Address of Current Registered Agent PERRY, STEVE 2400 SE FEDERAL HWY STUART, FL 34994	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and 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)</small>		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D SOVEREL, BRET 6526 SOUTH KANNER HIGHWAY #290 STUART, FL 34997
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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: 	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	