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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025672 1. Entity Name FLORIDA IRRIGATION MANAGEMENT, INC.	
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Principal Place of Business 4760 N. US1 201 MELBOURNE, FL 32935	Mailing Address 4760 N. US1 201 MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE

FILED
06 APR -6 PM 2:20

ALLIANCE STATE
ALLIANCE, FLORIDA




01112006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GENONI, CHARLES B 4760 N. US1 201 MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
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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 4/3/06

Signature, type or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D GENONI, CHARLES B 4760 N. US1 #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENONI, JOHN M 4760 N. US1 #201 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENONI, JOHN P 4760 N. US1 #201 MELBOURNE, FL 32935
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DO NOT WRITE
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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 4/3/06 DAYTIME PHONE # 321 255 7601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #