2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037442

Entity Name: DONALD M. MCMANUS & COMPANY, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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580 B N INDIAN ROCKS RD. BELLEAIR BLUFFS, FL 33770

Current Mailing Address: New Mailing Address:

580 N ROSCO RD B 580-B N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770

FEI Number: 74-3033808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNANUS, DONALD M
580 B N INDIAN ROCKS RD.
BELLEAIR BLUFFS, FL 33770 US

MCMANUS, DONALD M
580 B N INDIAN ROCKS RD.
BELLEAIR BLUFFS, FL 33770 US

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.

SIGNATURE: DONALD M MCMANUS 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MCMNUS, DONALD M MCMANUS, DONALD M Name: Name: 610 N INDIAN ROCKS RD #126 610 N INDIAN ROCKS RD #126 Address: Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete Title: D (X) Change () Addition Name: MCMANUS. SANDRA H Name: MCMANUS. SANDRA M

Name:MCMANUS, SANDRA HName:MCMANUS, SANDRA MAddress:610 N INDIAN ROCKS RD #126Address:610 N INDIAN ROCKS RD #126City-St-Zip:BELLEAIR BLUFF, FL 33770City-St-Zip:BELLEAIR BLUFF, FL 33770

Title: D () Delete Title: () Change () Addition

 Name:
 BASSO, MALIA M
 Name:

 Address:
 1417 NURSERY RD
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD M MCMANUS D 04/29/2009