2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068840

Entity Name: MANUCY MANAGEMENT, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
4097 ROS ELKTON,							
Current Mailing Address:			New Maili	New Mailing Address:			
4097 ROSE ST. ELKTON, FL 32033			P.O. BOX 329 SAINT AUGUSTINE, FL 32092				
FEI Number	: 03-0462375	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status	Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	III, ALONZO I E STREET FL 32033	HPTD US					
	e named entity e of Florida.	submits this statement for the pu	rpose of changing i	ts registered o	office or registered a	gent, or both,	
SIGNATU							
	Electro	onic Signature of Registered Ager	nt		Date		
Election Car	mpaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD (MANUCY, ALC 4097 ROSE S ELKTON, FL	STREET	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VSD (MANUCY, DE 4097 ROSE S ELKTON, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: Citv-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: DANIELLE CAMPBELL CFO 01/19/2009