

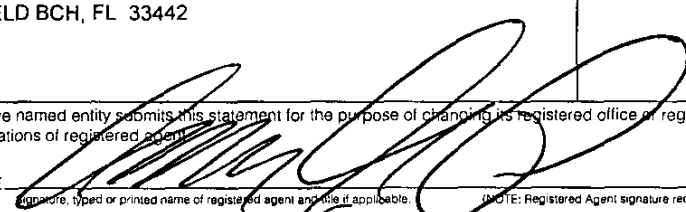
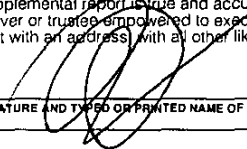
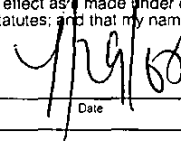


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000077916 1. Entity Name IT MANAGEMENT, INC.			FILED 05 MAY -2 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442		Mailing Address 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442					
DO NOT WRITE IN THIS SPACE		 04272005 No Chg-P CR2E034 (10/03)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 06-1639329</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 06-1639329	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 06-1639329	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 COLEMAN, ANTHONY G JR 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442		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:  4/29/05 <small>(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		900054229039 05/10/05--01090--001 **4423.75					
TITLE	D	DO NOT WRITE IN THIS SPACE					
NAME	MILLER, STEVE						
STREET ADDRESS	3275 W HILLSBORO BLVD #207						
CITY-ST-ZIP	DEERFIELD BCH, FL 33442						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify 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 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>							