


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY -9 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000077916</b> 1. Entity Name IT MANAGEMENT, INC.	
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Principal Place of Business 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442	Mailing Address 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442
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05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

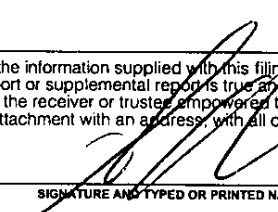
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STEVE 3275 W HILLSBORO BLVD #207 DEERFIELD BCH, FL 33442
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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:**  **5-1-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #