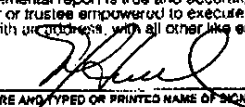


FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90028 030 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000094022			
1. Entity Name E & H MANAGEMENT, INC.			
Principal Place of Business 109 JOEWOOD TRAIL DAVENPORT, FL 33837		Mailing Address 109 JOEWOOD TRAIL DAVENPORT, FL 33837	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 37-1464501		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUELVA, MARINA 109 JOEWOOD TRAIL DAVENPORT, FL 33837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VTD	NAME EPSTEIN, MARIA	TITLE VSD	NAME VSD
STREET ADDRESS 109 JOEWOOD TRAIL	CITY-STATE-ZIP DAVENPORT, FL 33837	STREET ADDRESS	CITY-STATE-ZIP
TITLE PSD	NAME HUELVA, MARINA	TITLE PTD	NAME PTD
STREET ADDRESS 109 JOEWOOD TRAIL	CITY-STATE-ZIP DAVENPORT, FL 33837	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
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: X 		7/4/6 863-420-1763	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Filing Date	