2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126992

Entity Name: BOOMERANG MANAGEMENT CORP.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P. O. BOX. 520623 12532 N. KENDALL DRIVE MIAMI, FL 33152 US 149

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

P. O. BOX. 520623 MIAMI, FL 33152 US

FEI Number: 41-2196918 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:

FACIOLINCE, ELSIE 8100 S.W.124 STREET MIAMI, FL 33156

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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition FACIOLINCE, ELSIE URDANAVIA, SALVADOR Name: Name: P.O. BOX 520623 P.O. BOX 520623 Address: Address: City-St-Zip: MIAMI, FL 33152 US City-St-Zip: MIAMI, FL 33152 US

() Delete Title: Title: (X) Change () Addition

FACIOLINCE, ELSIE Name: GAUNA, ADRIAN Name: P.O. BOX 520623 Address: P.O. BOX 520623 Address: MIAMI, FL 33152 US MIAMI, FL 33152 US City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: ELSIE FACIOLINCE 04/03/2006 D