

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 17, 2006 08:00 AM  
Secretary of State  
150-00

Kronick

<b>DOCUMENT # P02000134678</b>					
<b>1. Entity Name</b> KRONICK MANAGEMENT CORP.					
<b>Principal Place of Business</b> 3700 SOUTH OCEAN BOULEVARD APARTMENT 210B HIGHLAND BEACH, FL 33487			<b>Mailing Address</b> 3700 SOUTH OCEAN BOULEVARD APARTMENT 210B HIGHLAND BEACH, FL 33487		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-1167065				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  KRONICK, GENE 3700 SOUTH OCEAN BOULEVARD APARTMENT 210B HIGHLAND BEACH, FL 33487			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b> SIGNATURE:     1/10/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> KRONICK, GENE 3700 SOUTH OCEAN BOULEVARD APT 210B HIGHLAND BEACH, FL 33487		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	000000389461 01/20/06-80048-003 150.00	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> KRONICK, ELIZABETH 3700 SOUTH OCEAN BOULEVARD APT 210B HIGHLAND BEACH, FL 33487		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> KRONICK, ALLISON 3700 SOUTH OCEAN BLVD, # 210B HIGHLAND BEACH, FL 33487		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 667, 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</b>					
<b>SIGNATURE:</b>			1/10/2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		