


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 004 ***150.00

DOCUMENT # P03000007861	
1. Entity Name D.B.M. MANAGEMENT COMPANY, INC.	

Principal Place of Business C/O NEAL W. KNIGHT, JR 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 US	Mailing Address C/O NEAL W. KNIGHT, JR 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 US
---	---

2. Principal Place of Business 340 Royal Poinciana Way Suite, Apt. #, etc. 321	3. Mailing Address 340 Royal Poinciana Way Suite, Apt. #, etc. 321
---	---


City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country USA

04272006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0101965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR. 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Neal W. Knight, Jr. Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way, Suite 321 City Palm Beach FL Zip Code 33480
--	---

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCELROY, JOHN L 136 NORTH ADAMS STREET HINSDALE, IL 60521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEBOUTILLIER, JOHN PO BOX 230 OLD WESTBURY, NY 11568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  4/29/06 800 888-4299

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