

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000010213

1. Entity Name

360 MANAGEMENT GROUP, INC.



Principal Place of Business

503 N. RIVERSIDE DRIVE
EDGEWATER, FL 32132

Mailing Address

503 N. RIVERSIDE DRIVE
EDGEWATER, FL 32132



04042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1171090

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NISI, FRANK P JR.
2003 LAKE HOWELL LANE
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HERBERT, SHARON R
STREET ADDRESS 503 N. RIVERSIDE DRIVE
CITY ST ZIP EDGEWATER, FL 32132

TITLE D
NAME HERBERT, GLENDON M
STREET ADDRESS 503 N. RIVERSIDE DRIVE
CITY ST ZIP EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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U00000498239
04/22/06-80087-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Sharon Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Herbert

4/5/06

386-423-5515
Date Daytime Phone