2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016970

Entity Name: BRAITHWAITE MANAGEMENT, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3272 MUIRFIELD 3101 S. OCEAN DR. WESTON, FL 33332 SUITE 2201

HOLLYWOOD, FL 33019

Current Mailing Address: New Mailing Address:

3272 MUIRFIELD 3101 S. OCEAN DR. WESTON, FL 33332 SUITE 2201

HOLLYWOOD, FL 33019

FEI Number: 65-1172582 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:

BRAITHWAITE, SYLVESTER 3272 MUIRFIELD WESTON, FL 33332 US BRAITHWAITE, SYLVESTER 3101 S. OCEAN DR. HOLLYWOOD, FL 33019 US

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: 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAITHWAITE, SYLVESTER

Address: 3272 MUIRFIELD City-St-Zip: WESTON, FL 33332

Title: () Delete

Name: Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAITHWAITE, SYLVESTER
Address: 3101 S. OCEAN DR. SUITE 2201
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Change (X) Addition

Name: BAITHWAITE, BRIAN

Address: 220 SOUTH BROADWAY STE1222

City-St-Zip: ROCHESTER, MN 55904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SYLVESTER BRAITHWAITE DR. 05/01/2006