2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

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Entity Name: PONTE MANAGEMENT, INC.

Current Principal Place of Business:

1855 SOUTH OCEAN BLVD., UNIT 8
DELRAY BEACH, FL 33483

New Principal Place of Business:

511 S.E. 5TH AVENUE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1379 TUCKER ROAD
DARTMOUTH, MA 02747

New Mailing Address:

FEI Number: 41-2099773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
2 SOUTH BISCAYNE BOULEVARD, STE 350
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: PONTE, PAUL M
Address: 1855 SOUTH OCEAN BLVD., UNIT 8
City-St-Zip: DELRAY BEACH, FL 33483

Title: DR ( ) Delete
Name: PONTE, PAUL P
Address: 1855 SOUTH OCEAN BLVD., UNIT 8
City-St-Zip: DELRAY BEACH, FL 33483

Title: MS ( ) Delete
Name: PONTE, KRISTINA
Address: 1855 SOUTH OCEAN BLVD., UNIT 8
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: PONTE, PAUL M
Address: 511 S. E. 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DR (X) Change ( ) Addition
Name: PONTE, PAUL P
Address: 511 S.E. 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MS (X) Change ( ) Addition
Name: PONTE, KRISTINA
Address: 511 S. E. 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify 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: PAUL M PONTE DR. 01/07/2008

Electronic Signature of Signing Officer or Director — Date