2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121851

Entity Name: MANATEE COMPUTING, INC.

FILED May 12, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AVENUE WES D, FL 34221	ST			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	AVENUE WES D, FL 34221	ST			
FEI Number:	20-0425680	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
610 14TH APALMETTO	D, FL 34221 named entity	US submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
in the State					
SIGNATUR		sis Cianatura of Dogistavad Ass		Data	
El4: 0		nic Signature of Registered Age	int.	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (THORNTON, L/ 610 14TH AVEI PALMETTO, FL	NUE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (HUTCHINSON, 711 119TH AVI PALMETTO, FL	ENUE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (BRYANT, PATE 2004 6TH STR PALMETTO, FL	EET WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (THORNTON, D 610 14TH AVE PALMETTO, FI	NUE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (THORNTON, Li 299 MAIN STR NORFOLK, MA	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LANCE E. THORNTON PD 05/12/2007