2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 20, 2005 08:00 AM **Secretary of State DOCUMENT # P03000125956** 1. Entity Name CONDO-MAN, INC. Mailing Address Principal Place of Business 279 20TH ST. 279 20TH ST. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 ----CR2E034 (10/03) No Chg-P 07142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0629654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIGNOR, MARK W DO NOT WRITE 279 20TH ST. COCOA BEACH, FL 32931 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE SIGNOR, MARK W NAME STREET ADDRESS 279 20TH ST. U00000373766 CITY-ST-ZIP COCOA BEACH, FL 32931 07/20/05-80009-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(1), 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, Norida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all of

SIGNATURE: _MARK W SIGNOR

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED