2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

DOCUMENT # P03000137762 1. Entity Name SES MANAGEMENT, INC.			Secretary of Sta			
Principal Place of Business 3931 EXECUTIVE DRIVE PALM HARBOR, FL 34685	Mailing Address 3931 EXECUTIVE I PALM HARBOR, FL					
DO NOT WRITE IN THIS SPACE			04122007 No Chg-P CR2E034 (11/05) 4. FEI Number NOT APPLICABLE Applied For Not Applicable			
•			5. Certificate of S	Status Desired	\$8.75 Addition Fee Required	al
6. Name and Address	of Current Registered Agent		1			
KIM, ESTER C 3931 EXECUTIVE DRIVE PALM HARBOR, FL 34685		DO NOT WRITE				
The above named entity submits this the obligations of registered agent. SIGNATURE	Statement for the purpose of changin	g its registered office or registe	ered agent, or both, in		I am familiar with, and	accept
	registered agent and tille if applicable.	(NOTE: Regulatered Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			5.00 May Be ded to Fees			
	ICERS AND DIRECTORS					
TITLE D NAME KIM, ESTER C STREET ADDRESS 3931 EXECUTIVE DR CITY-SI-ZIP PALM HARBOR, FL :						
TITLE NAME STREET ADDRESS CITY-S1-ZIP				U0000 04/24/07	0707976 -80096-010	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 this present the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #