
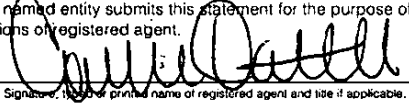



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 024 ***150.00

DOCUMENT # P04000001733 1. Entity Name WENTWORTH MANAGEMENT, INC.																																																																																																					
Principal Place of Business 176 NW SWANN MILL CIRCLE PORT ST LUCIE, FL 34986			Mailing Address 176 NW SWANN MILL CIRCLE PORT ST LUCIE, FL 34986																																																																																																		
2. Principal Place of Business 1232 SE PALM BEACH ROAD		3. Mailing Address 1232 SE PALM BEACH ROAD																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																			
City & State 		City & State 																																																																																																			
Zip 34952		Country 		Zip 34952																																																																																																	
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6. Name and Address of Current Registered Agent CARRIE, DATELLO 176 NW SWANN MILL CIRCLE PORT ST LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1232 SE PALM BEACH ROAD City FL Zip Code 34952																																																																																																	
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:  DATE: 3/13/2006 <small>Signature of the officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CARRIE, DATELLO</td> <td></td> <td>STREET ADDRESS</td> <td>1232 SE PALM BEACH ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE, FL 34986</td> <td></td> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE, FL 34952</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	CARRIE, DATELLO		STREET ADDRESS	1232 SE PALM BEACH ROAD		CITY - ST - ZIP	PORT ST LUCIE, FL 34986		CITY - ST - ZIP	PORT ST LUCIE, FL 34952		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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 all other like empowered.																																																																																																					
SIGNATURE:  DATE: 3/13/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					