APR-27-2006 11:24A FROM: C & O 12399454938

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Secretary of State
05-08-2006 90295 044 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000004925

1. Entity Name
5TH MANHATTAN PROJECT CORP.

4008778

01312006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~422 SW 10TH STREET~~	~~422 SW 10TH STREET~~
CAPE ~~CORAL, FL 33991~~	CAPE CORAL, FL 33991

2. Principal Place of Business	3. Mailing Address
1712 SW 51st Terrace	1712 SW 51st Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33914 Country: USA	Zip: 33914 Country: USA

4. FEI Number: 16-1689987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, DANIEL P
42~~0 SW 10TH STREE~~T
CAP~~E CORAL, FL 3~~3991

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1712 SW 51st Terrace

City: Cape Coral FL Zip Code: 33914

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HERRERA, DANIEL P	NAME	
STREET ADDRESS	~~422 SW 10TH STREET~~	STREET ADDRESS	1712 SW 51st Terrace
CITY-ST-ZIP	CAPE ~~CORAL, FL 33991~~	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #