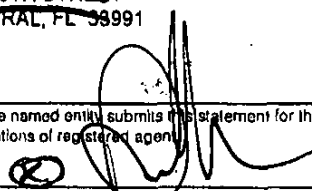
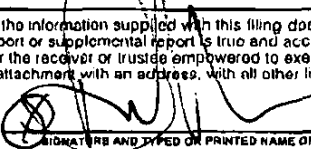


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 044 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000004925 1. Entity Name 5TH MANHATTAN PROJECT CORP.					
Principal Place of Business 422 SW 10TH STREET CAPE CORAL, FL 33991			Mailing Address 422 SW 19TH STREET CAPE CORAL, FL 33991		
2. Principal Place of Business 1712 SW 51st Terrace Suite, Apt. #, etc.		3. Mailing Address 1712 SW 51st Terrace Suite, Apt. #, etc.		01312006 Chg-P CR2E034 (11/05)	
City & State Cape Coral, FL Zip Country 33914 USA		City & State Cape Coral, FL Zip Country 33914 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 422 SW 10TH STREET CAPE CORAL, FL 33991	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1712 SW 51st Terrace City State Zip Code Cape Coral FL 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: 	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRERA, DANIEL P 422 SW 10TH STREET CAPE CORAL, FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1712 SW 51st Terrace Cape Coral, FL 33914	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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 #					