

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

Dept. of STATE

DOCUMENT # P04000004925
1. Entity Name
5TH MANHATTAN PROJECT CORP.



Principal Place of Business 1712 SW 51ST TERRACE CAPE CORAL, FL 33914	Mailing Address 1712 SW 51ST TERRACE CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1689987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, DANIEL P
1712 SW 51ST TERRACE
CAPE CORAL, FL 33914

**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRERA, DANIEL P 1712 SW 51ST TERRACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000766795
07/03/07-80001-011 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Days/hrs Phone # _____