

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 005 ***150.00

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1. Entity Name
 KEENAN MANAGEMENT, INC.

Principal Place of Business: 1900 W COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33309
 Mailing Address: 1900 W COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33309

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Zip: Country

04182006 Chg-P CR2E034 (11/05)



4. FEI Number: 20-0794529 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
 500 E BROWARD BLVD STE 1950
 FT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____

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

TITLE: D	<input type="checkbox"/> Delete
NAME: CHYNOWETH, DALE	
STREET ADDRESS: 1900 W COMMERCIAL BLVD STE 200	
CITY-ST-ZIP: FT LAUDERDALE, FL 33309	
TITLE: D	<input type="checkbox"/> Delete
NAME: KEENAN, WILLIAM	
STREET ADDRESS: 1900 W COMMERCIAL BLVD STE 200	
CITY-ST-ZIP: FT LAUDERDALE, FL 33309	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	VP Administration & Operations
STREET ADDRESS:	Hogue, Chantal
CITY-ST-ZIP:	1900 W. Commerical Blvd., Suite 200 Fort Lauderdale, FL 33309
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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: Keenan Management Inc. Apr 18/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #