2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2005-90031-027-$150.00-$150.00

FILED
05 SEP 27 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000043117

1. Entity Name
MANNA MARKETING, INC.

Principal Place of Business	Mailing Address
2174 SCHWALBE WAY SARASOTA, FL 34235-8143	1325 54TH AVE EAST BRADENTON, FL 34235-8143

08222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2174 Schwalbe Way	P.O. BOX 50912
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34235 Country: Sarasota	Zip: 34232 Country: Sarasota

4. FEI Number: 200813968 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGDON, ALLEN E 125 FIRST AVE NOKOMIS, FL 34275	Name: Michael L. VanKirk Street Address (P.O. Box Number is Not Acceptable): 2174 Schwalbe Way City: Sarasota FL Zip Code: 34235

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: Michael L. VanKirk Michael L. VanKirk 8-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VANKIRK, MICHAEL L 2174 SCHWALBE WAY SARASOTA, FL 342358143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VANKIRK, KATHLEEN A 2174 SCHWALBE WAY SARASOTA, FL 342358143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael L. VanKirk 8-26-05 9415444306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #