


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90408 018 ***150.00

DOCUMENT # P04000083208		
1. Entity Name S & W MANAGEMENT CO., INC.		

Principal Place of Business 550 S.W. 182ND WAY PEMBROKE PINES, FL 33029	Mailing Address 550 S.W. 182ND WAY PEMBROKE PINES, FL 33029
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2. Principal Place of Business 2304 Ridgewood Circle Suite, Apt. #, etc.	3. Mailing Address 2304 Ridgewood Circle Suite, Apt. #, etc.
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City & State Royal Palm Beach, FL	City & State Royal Palm Beach, FL
Zip 33411	Zip 33411
Country USA	Country USA

40058909



04032006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1163939	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRIZEL, ROBERT CPA 1021 IVES DAIRY ROAD #220 MIAMI, FL 33179	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYMSON, STUART		NAME Hymson, Stuart	
STREET ADDRESS 550 S.W. 182ND WAY		STREET ADDRESS 2304 Ridgewood Circle	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HYMSON, WENDY		NAME Hymson, Wendy	
STREET ADDRESS 550 S.W. 182ND WAY		STREET ADDRESS 2304 Ridgewood Circle	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/18/06** **951-328-0975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #