2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093228

Entity Names OLD MARCEDO MANIACEME

FILED Apr 25, 2007 Secretary of State

Entity Name: OLD MASTERS MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 772351 33 LAKEWOOD CIRCLE OCALA, FL 344772351 OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** P. O. BOX 772351 OCALA, FL 344772351 FEI Number: 20-1295785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGAL INFORMATION SERVICES, INC. 2500 WESTON RD., SUITE 404 WESTON, FL 33331 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RICE, JAMES L Name: Name: P. O. BOX 772351 Address: Address: City-St-Zip: OCALA, FL 344772351 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BELLET, MICHAEL Name: 36 FIESTA WAY Address: Address: FT. LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L RICE D 04/25/2007