2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000110589 1. Entity Name MANAGERENT, INC.								SECTION OF MANUELS 06 OCT 25 AM 9: 39				
Principal Place of Business 7909 PLANTATION BLVD HOLLYWOOD, FL 33023 US				Mailing Address 7909 PLANTATION BLVD HOLLYWOOD, FL 33023 US				E 4 11 17 17 11 11 11		8184 14884 1481 4		180) (I 480)
2. Principal Place of Business 0151 MIRAMAR RAWY				3. Mailing Address USI MIRAMAR PKWY								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10162006	Chg-P	CR2E	034 (11/05)	
City & State MIRAMAR, FL			City & State NITRAMAR, FL			_		4. FEI Numb 20-152				plied For t Applicable
3300	io Country		33023 cour)SA					\$8.75 Add Fee Required		
	6. Name	and Address of Current I	tered Agent	7. Name and Address of New Registered Agent Name								
MCCULLOCH, SHAWN T'SR 7909 PLANTATION BLVD HOLLYWOOD, FL 33023						Street Address (P.O. Box Number is Not Acceptable)						
						City				F	_	
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												
Amended AR is \$61.25 9. Election Campaign Finance Trust Fund Contribution.								.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS				11.			ADDITIONS	/CHANGES TO OF	FICERS AN		5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP							THE WASTER	~.~	SHAWN T	Sr 273	≻ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								2! 10/2	00081 5/060106			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITLE NAME STREE										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAME STREE CITY-										☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
12. I hereby certify that the information suppried 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.												
SIGNAT	URE: _	SIGNATURE AND TYPED OR P	RINTE	NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	<u> </u>	1 - Y C/C 5 Daysime Phone #	•