## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOOLINAENT # D04000442700



FILED Feb 22, 2006 8:00 am Secretary of State

1. Entity Name TRIPLE E MANAGEMENT INC								02-22-2006	_		
i i	ce of Business MAIN STREET L 33476 US	Mailing Ar P.O. BOX PAHOKE		US			1 <b>:00:</b>  2 <b>0:5</b>   211 <b>:</b>	ısın sısıl dalın estil səl	12: 1128) ([878 (	; # ***********************************	1930: H 1 <b>70</b> :
2. Principal Place of Business		3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02112006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State  Zip Count				4. FEI Number APPLIED			No	oplied For of Applicable
Zip				Country				of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					Name		7. Name and /	Address of New R	legistered /	Agent	
HEFFERN	IAN, RICHARD L CPA										
2911 EAST MAIN STREET PAHOKEE, FL 33476					Street Ad	ddress (F	P.O. Box Number	is Not Acceptable	e) 		
										<u> </u>	
					]	City				Zip Cod	
8. The above the obligat	e named entity submits this statem tions of registered agent.	nent for the purpose	of changing its	register	ed office or	registere	ed agent, or both	n, in the State of Flo	orida. Iam i	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registere	od agent and title if applicab	ie. (NOTE	E: Registere	d Agent signatu	re required	when reinstating)		DATE		<del></del> -
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign F Trust Fund Contributi											
			•	_	~ —	<b>\$5.</b> Adde	00 May Be ad to Fees				
After Ma	ay 1, 2006 Fee will be \$		rust Fund Conti	11.			00 May Be ed to Fees	CHANGES TO OFF	ICERS AND		S IN 11
After Ma	ay 1, 2006 Fee will be \$1 OFFICERS	550.00	•	11.			00 May Be ed to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	officers P PEREZ, EDILIA	550.00	rust Fund Conti	11. TITLE		Pera	00 May Be ad to Fees	liq .	ICERS AND		
After Ma	ay 1, 2006 Fee will be \$1 OFFICERS	550.00	rust Fund Conti	11. TITLE NAMI		Pere	ADDITIONS/O	liq .	•		
10. TITLE NAME STREET ADDRESS	OFFICERS P PEREZ, EDILIA 251 E MAIN STREET	550.00	rust Fund Conti	11. TITLE NAMI	E E EET ADDRESS -ST-ZIP	Pere	00 May Be ad to Fees	119 310 St	•		
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I hereby certify that the information supplied with this filling 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:

A OFFICER OR DIRECTOR

Daytime Phone #