

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90403 049 ***150.00

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02202007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000117973 1. Entity Name DAVID PRICE MANAGEMENT, INC.																																	
Principal Place of Business 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442			Mailing Address 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442																														
2. Principal Place of Business - No P.O. Box # 6401 Lyons Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6401 Lyons Road <small>Suite, Apt. #, etc.</small>																															
City & State Coconut Creek, FL <small>Zip</small> 33073 <small>Country</small> USA		City & State Coconut Creek, FL <small>Zip</small> 33073 <small>Country</small> USA		4. FEI Number APPLIED FOR <small>Applied For</small> <small>Not Applicable</small>																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PRICE, DAVID T 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442																													
7. Name and Address of New Registered Agent <small>Name</small> 6401 Lyons Road <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> Coconut Creek FL <small>Zip Code</small> 33073				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 4-27-07 <small>(NOTE: Registered Agent signature required when reconstituting)</small> <small>DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> PD PRICE, DAVID T 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, DAVID T 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> PD Price, David T. 6401 Lyons Rd. Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Price, David T. 6401 Lyons Rd. Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 an other like empowered.																																	
SIGNATURE: DAVID T. PRICE 4-27-07 954-491-9219 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																	