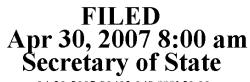
## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # P04000117973  1. Entity Name DAVID PRICE MANAGEMENT, INC.						04-30-2007 9	0403 04	9 ***150.	00	
Principal Place of Business 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442		Mailing Address 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442			40000000					
2. Principal Place of Business - No P.O. Box # 6401 Lyons Road Sulte, Apt. #, etc		3. Mailing Address 6401 Lyons Road Suite, Apt. #, etc.		0220		Chg-P	B) 1)4 B( 1)84) (B)	34 (12/06)		
City & State		City & State		-	Number			<b>⊢</b>	plied For	
Coconut Creek, FL Zip Country		Coconut Creek, FL Zip Country		Al-	APPLIED FOR Not Applicable					
33073 USA		1 '				5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
DDICE DA	WD T		Name							
PRICE, DAVID T 550 S.W. 12TH AVE.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
DEERFIELD BEACH, FL 33442			6401	Lyons	Roac	<u></u>				
			City					<u> </u>		
				nut_Cre	ek		FL	Zip Code 330	73	
8. The above	named untity submits line statement to	or the purpose of changing its re	gistered office or	registered ageri	t or both	, in the State of Flo	orida Lam	tamiliar with.	and accept	
ine obligat	ions/of/egistored agent.	ice				1/2	7-0	7		
SIGNATURE			legistered Agent signati	are required when rooms	lating)	4-2	DATE		<del></del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Added to Fe			• •			
10.	OFFICERS AND	DIRECTORS	11,	ADDI	TIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	PD	☐ Oulete	TITLE	PD				K Change	Addition	
HAME	PRICE, DAVID T		NAME	Price,						
STREET ADDRESS CITY-ST-ZIP	**		STREET ADDRESS CITY-ST-ZIP	6401 Ly			2207			
THEE	DEERI ILLU BEACH, I'L 33442	☐ Delete	TITLE	Coconu	<u> </u>	eek, FL	<u> 3307</u> ,	<b>3</b> ☐ Change	Maddition	
MAME		C Calcie	NAME					onange		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			City-St-ZiP							
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HAME STREET ADDRESS			NAME STREET ADDRESS							
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NAME			NAME							
STREET ADDRESS	1									
			STREET ADDRESS	ļ						
CITY-ST-ZIF		□ n.to.	ÇITY-ST-ZIP					Change	E Addition	
TITLE NAME		☐ Delete					MN	☐ Change	Addition	
TITLE		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS					☐ Change	Addition	
THE NAME			ÇITY+ST-ZIP TITLE NAME					☐ Change	Addition	
THE NAME STREET ADDRESS CITY-SE-ZIP		☐ Delete	GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					☐ Change	Addition	
HITLE NAME STREET ADDRESS OTTY-ST-2IP TITLE NAME			CITY-ST-ZIP TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					,		
THE NAME STREET ADDRESS CITY-SE-ZIP			GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					,		

indicated on this report or supplymental report is true and goodle this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report or supplymental report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or fusite empowered to exocute 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 attachapter with an address, with an address, with an address, with an address.

SIGNATURE: