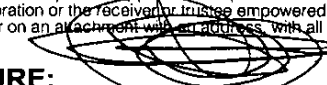


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90424 035 ***150.00

DOCUMENT # P04000131541																					
1. Entity Name DBT MANAGER INCORPORATED																					
Principal Place of Business 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133			Mailing Address 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number 11-3727724																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent CRONIG, STEVEN C ESQUIRE C/O BAKER & CRONIG LLP 307 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">JAMES D. CASSENHEIMER</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">James D. Cassenheimer, P.A.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3250 Mary Street, Suite 307</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Coconut Grove</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33133</td> </tr> </table>			Name		JAMES D. CASSENHEIMER		Street Address (P.O. Box Number is Not Acceptable)		James D. Cassenheimer, P.A.		3250 Mary Street, Suite 307		City	Coconut Grove	State	FL	Zip Code	33133
Name																					
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3250 Mary Street, Suite 307																					
City	Coconut Grove																				
State	FL																				
Zip Code	33133																				
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. <table style="width:100%;"> <tr> <td style="width:60%;">SIGNATURE: </td> <td style="width:40%;">DATE: 4/24/07</td> </tr> </table>						SIGNATURE: 	DATE: 4/24/07														
SIGNATURE: 	DATE: 4/24/07																				
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	BERMAN, DANA		NAME																		
STREET ADDRESS	501 CONTINENTAL PLAZA, 3250 MARY ST		STREET ADDRESS																		
CITY - ST - ZIP	COCONUT GROVE, FL 33133		CITY - ST - ZIP																		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	MORGAN, MITCHELL		NAME																		
STREET ADDRESS	501 CONTINENTAL PLAZA, 3250 MARY ST		STREET ADDRESS																		
CITY - ST - ZIP	COCONUT GROVE, FL 33133		CITY - ST - ZIP																		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	NOVAK, KEITH		NAME																		
STREET ADDRESS	501 CONTINENTAL PLAZA, 3250 MARY ST		STREET ADDRESS																		
CITY - ST - ZIP	COCONUT GROVE, FL 33133		CITY - ST - ZIP																		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY - ST - ZIP			CITY - ST - ZIP																		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY - ST - ZIP			CITY - ST - ZIP																		
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 all other like empowered.																					
SIGNATURE: 																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____																		