


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132434 1. Entity Name CLUB MANILLA, INC.		
Principal Place of Business 1718 EAST SEVENTH AVE., STE. 201 TAMPA, FL 33605		Mailing Address 1718 EAST SEVENTH AVE., STE. 201 TAMPA, FL 33605
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PANLOWSKI, VINCENT R 1718 E 7TH AVE #201 TAMPA, FL 33605		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAWLOWSKI, VINCENT R 1718 EAST 7TH AVE #201 TAMPA, FL 33605	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-26-06</u> Daytime Phone # <u>813 292-4444</u>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1647622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UN00000542587
05/10/06-80104-004 150.00

**DO NOT WRITE
IN THIS SPACE**