## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 25, 2006 8:00 am **Secretary of State** DOCUMENT # P04000148702 07-25-2006 90081 001 \*\*\*600.00 CRITICAL PATH MANAGER, INC. Principal Place of Business Mailing Address 66022242 -646-FIRST-AVENUE-SOUTH 646 FIRST-AVENUE SOUTH ST. PETERSBURG, FL-33701 -ST-PETERSBURG, FL 33701 2. Principal Place of Business / DR SC 3. Mailing Address 1499 BEACH DR SE 07122006 CR2E034 (11/05) Chg-P City & State T PETERS BURG, FL 4. FEI Number Applied For PETERS BURG, FL 20-2676919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTLE, JESSE B III Street Address (P.O. Box Number is Not Acceptable) 646 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33701 1499-B BEHCH DR, SE 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Delete TITLE TITLE BATTLE, JESSE B III NAME NAME 499B BEACH DR SE T. PETERSBURG, FL 33701 646 FIRST AVENUE SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL. 33701-CITY-ST-ZIP CITY-ST-ZIP VΝ TITLE Change 🔲 Addition ☐ Delete TITLE WYLIE, JOHN C NAME NAME STREET ADDRESS STREET ADDRESS 646 FIRST AVENUE SOUTH 50 AL ST. PETERSBURG, PL 33701 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WOOD, PALMER B NAME NAME STREET ADDRESS 646 FIRST AVENUE SOUTH STREET ADDRESS ST. PETERGBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Fla 33701 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 trusted empowered to exceute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, on on an attachment with an address, with all other like empowered.

FILED