

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90003 002 ***150.00

DOCUMENT # P04000152028					
1. Entity Name ISES MANAGEMENT 2, INC.					
Principal Place of Business 250 PARK AVE W STE 101 ATLANTA, GA 30313			Mailing Address 250 PARK AVE W STE 101 ATLANTA, GA 30313		
2. Principal Place of Business 9565 Preston Trail West		3. Mailing Address 9565 Preston Trail West			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006 Chg-P CR2E034 (11/05)	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 20-1792058	
Zip 32082		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, TIM 9565 CRESTON TR W PONTE VERDA BCH, FL			7. Name and Address of New Registered Agent Name: Timothy G. Smith Street Address (P.O. Box Number is Not Acceptable): 9565 Preston Trail West City: Ponte Vedra Beach, FL Zip Code: 32082		
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: <u>Tim Smith</u> DATE: <u>3-14-06</u> <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SMITH, TIMOTHY STREET ADDRESS 9565 CRESTON TR W CITY-ST-ZIP PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete		TITLE P NAME Timothy G. Smith STREET ADDRESS 9565 Preston Trail West CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Tim Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-14-06 904-373-0145 <small>Date Daytime Phone #</small>		