

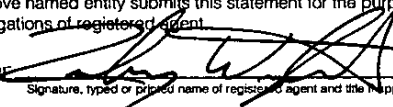
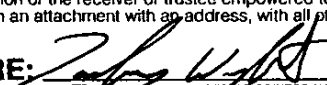


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90231 048 \*\*\*150.00

<b>DOCUMENT # P04000172568</b> 1. Entity Name <b>SINAI MANAGEMENT GROUP, INC.</b>					
Principal Place of Business <b>8777 SAN JOSE BLVD SUITE 902</b> <b>JACKSONVILLE, FL 32257</b>			Mailing Address <b>8777 SAN JOSE BLVD SUITE 902</b> <b>JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business <b>8777 San Jose Blvd</b> Suite, Apt. #, etc. <b>901</b> City & State <b>Jacksonville</b> Zip <b>32217</b>		3. Mailing Address <b>8777 San Jose Blvd</b> Suite, Apt. #, etc. <b>902</b> City & State <b>Jacksonville</b> Zip <b>32217</b>			
4. FEI Number				04182005    Chg-P    CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WRIGHT, LARRY J</b> <b>8777 SAN JOSE BLVD SUITE 902</b> <b>JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name <b>Zachary J. Wright</b> Street Address (P.O. Box Number is Not Acceptable) <b>8777 SAN JOSE BLVD</b> City <b>Jacksonville</b> FL Zip Code <b>32217</b>	
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  DATE <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, LARRY J</b> <b>4304 HOLLYGATE DR</b> <b>JACKSONVILLE, FL 32258</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DICKENS, M SHANE</b> <b>12523 AGATITE RD</b> <b>JACKSONVILLE, FL 32258</b> <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	<b>D Zachary J. Wright</b> <b>3559 Clusteroaks CRT</b> <b>Jacksonville, FL 32258</b> <input type="checkbox"/> Change <input checked="" 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	
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 exemption stated in Section 119.07(3)(i), 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:  <b>Zachary Wright</b> DATE <b>4/18/05</b> DAYTIME PHONE # <b>904-732-6560</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					