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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172829

1. Entity Name
YOUR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
49 BAY STREET PALM HARBOR, FL 34683 US	49 BAY STREET PALM HARBOR, FL 34683 US

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
349 Bay St.	349 Bay St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State: Palm Harbor FL
Zip: 34683 Country: USA	Zip: 34683 Country: USA

4. FEI Number: 74-3136474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, GARY J
49 BAY STREET
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name: Connors, Gary J
Street Address (P.O. Box Number is Not Acceptable): 349 Bay St.
City: Palm Harbor FL Zip Code: 34683

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: [signature] DATE: 2/6/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNORS, GARY J 49 BAY STREET PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 349 Bay St Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T MARRERO, SANDRA J 49 BAY STREET PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 349 Bay St. Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Gary J Connors 2/6/06 727 771/1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #