

APPROVED

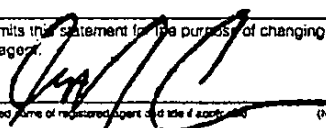
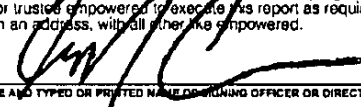
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 JUN -7 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000172829			
1. Entity Name YOUR MANAGEMENT, INC.			
Principal Place of Business 49 BAY STREET PALM HARBOR, FL 34683 US		Mailing Address 49 BAY STREET PALM HARBOR, FL 34683 US	
2. Principal Place of Business 349 Bay St.		3. Mailing Address 349 Bay St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor FL		City & State Palm Harbor FL	
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 Registered Agent Name: Connors, Gary J Street Address (P.O. Box Number is Not Acceptable): 349 Bay St. City: Palm Harbor FL Zip: 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: 		DATE: 2/6/06	
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
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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: 		Date: 2/6/06 727 771/1770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	