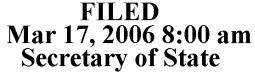
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000029651



1. Entity Name HIGHLANDS MANAGEMENT CORP.									03-17-200	06 90126	018 ***15	0.00	
Principal Place of Business 1428 BRICKELL AVE SUITE 105 MIAMI, FL 33131				Mailing Address 1428 BRICKELL AVE SUITE 105 MIAMI, FL 33131				40033509					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02062006	Chg-P	CR2E	034 (11/05)		
City & State			C	City & State				4. FEI Numbe 20-242			<u>_</u>	plied For x Applicable	
Zip				ip	Country				of Status Desire		\$8.75 Add Fee Required		
6. Name and Address of Current Reg				ered Agent	Name		7. Name and	Address of Ne	w Registered	Agent			
M & W AGENTS INC 2101 CORPORATE BLVD SUITE 107 BOCA RATON, FL 33431-7343							Street Address (P.O. Box Number is Not Acceptable)						
ž.				*			<del></del>			FI	Zip Code	θ	
		y submits this statement tered agent.	it for the p	urpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State o	Florida. Lan	n familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										<del></del>			
		FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			<b>\$5.</b> Add	00 May Be ed to Fees					
10.	÷	OFFICERS A	ND DIREC		11.		D	ADDITIONS	CHANGES TO	DFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	:		☐ Delete				PRYN, GL 8 BRICKE MI. FL	ENN L. LL AVE.,	SUITE	Change	XX Addition	
TITLE		•		☐ Delete	TITL		ST	•			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						ie Eet address '-st-zip	142	TADO, EL 8 BRICKE <del>MI, FL</del>	LISA LL AVE.,	SUITE	105		
TITLE NAME				☐ Delete	TITL NAM STRI	1	AS	RERA, MA	ARLENE		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP			LL AVE.	, SUITE	105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			MIA	MI, FL			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1						☐ Change	Addition	
indicated of the cor	f on this reportion or	ne information supplied ort or supplemental repo the receiver or trustee e tachment with an addre	ort is true a impowered	and accurate and that in to execute this report	my signa : as requ	ture shall h	ave the	same legal effe	ct as if made und	der oath; that	I am an officer	r or director	

<u>(305) 371</u>-4112 SIGNATURE: HALPRYN, PRESIDENT 02/06/2006