2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

drizes, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.06

813.257.1025

Daysme Phone #

May 01, 2006 08:00 A Secretary of State DOCUMENT # P05000053645 1. Entity Name TRY MANAGEMENT, INC. Principal Place of Business Mailing Address 2011 W. PLATT STREET 2011 W. PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03082006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEINERS, LOUIS M JR. Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY SUITE 205 NAPLES, FL 34105 Zip Code 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, typed or printed name of registered agont and little if appropriate. TATE (NOTE, Registe ed Anerd elenature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Deleta uuuYOUNG, THOMAS R III NAM MANA U00000551025 05/13/06-80086-007 150.00 2011 W. PLATT STREET STRUET ADDRESS STREET ADDRESS GHY-SI-ZIP CHY-\$1-202 TAMPA, FL 33606 Addition Dolet-☐ Chance HILL TITLE NAME NAME STREET ADDRESS STREET ADDRESS OUY-ST-ZIP CITY-ST-ZIP Addition ☐ Change HILL Dolete Hitts MALS STRUE: ADDRESS STRUCT ADDRESS OHY-SI-ZIP CITY-ST-78 ☐ Change ☐ Delete ыш Addition HILL. MAME NAME STRULT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition ☐ Delete ilil.Ł HILL NAME NAML STRULT ADDRESS SHELL ADDRESS CHY-ST-ZIP CITY-S1-78 Change Additton ☐ Delete TITLE REFEE NAME NAME. STREET ADDRESS STREET ADDRESS. CHIY+ST-ZIP CHY-31-789 12. I hereby certify that the information supplied with this filling 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED