2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000054797

1. Entity Name
DAVIE MANAGEMENT GROUP INC.

Principal Place of Business	Mailing Address
1717 2ND ST SUITE A SARASOTA, FL 34236	1717 2ND ST SUITE A SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

03082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2672499	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALAMUD, NEIL N
1717 2ND ST
SUITE A
SARASOTA, FL 34236

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

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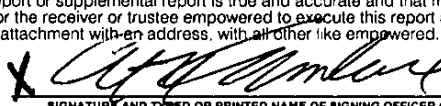05/01/07-80154-025 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	DPST	
NAME	MALAMUD, NEIL N	
STREET ADDRESS	1717 2ND ST SUITE A	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		
NAME		
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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: X _____   X 4-20-07

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