
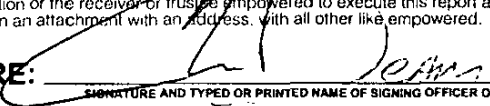


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90171 015 \*\*\*150.00

<b>DOCUMENT # P05000062933</b> 1. Entity Name <b>DOCUMANTZ, INC.</b>					
Principal Place of Business <b>8425 NORTHCLIFFE BLVD SUITE #109 SPRING HILL, FL 34606</b>			Mailing Address <b>8425 NORTHCLIFFE BLVD #109 SPRING HILL, FL 34606</b>		
2. Principal Place of Business <b>8425 NORTHCLIFFE BLVD.</b>			3. Mailing Address <b>4377 Commercial Way</b>		
Suite, Apt. #, etc. <b>DATA CENTER</b>			Suite, Apt. #, etc. <b>#136</b>		
City & State <b>SPRING HILL, FL.</b>			City & State <b>Spring Hill, FL</b>		
Zip <b>34606</b>		Country		Zip <b>34607</b>	
Country		4. FEI Number <b>202758775</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MAGLIO, ALTOM M. 2480 FRUITVILLE ROAD SUITE 6 SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAM, CHRIS D 4028 GULFVIEW DR. SPRING HILL, FL 34607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAM, CHRIS D. 5499 MOONGATE RD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAM, DAVID J 4028 GULFVIEW DR. SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAM, CHRIS D. 5499 MOONGATE RD. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Chris Deam 04/25/06 (813) 333-2327		