

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000075374

1. Entity Name
B MANAGEMENT, INC.



**FILED
Apr 14, 2006 8:00 am
Secretary of State**

04-14-2006 90127 024 ***150.00

40048003



04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business see above	3. Mailing Address see above
Suite, Apt. #, etc. -----	Suite, Apt. #, etc. -----
City & State -----	City & State -----
Zip -----	Country -----
Zip -----	Country -----

4. FEI Number
20-2910754 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent BARNUM, LISA A 5976 20TH STREET, #153 VERO BEACH, FL 32966	7. Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) ----- ----- City FL Zip Code -----
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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 **n/a**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa A Barnum 5976 20th Street, #153 Vero Beach, FL 32966
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
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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: Lisa A Barnum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A Barnum

04/01/2006 (772)559-7550

Date

Daytime Phone #