2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# P05000131564

Entity Name: INFINITY SITE MANAGEMENT INC.

Current Principal Place of Business:

3134 CORRIB DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

PO BOX 15761
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-3516775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAIN, ERROL D
3134 CORRIB DRIVE
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAIN, ERROL D
Address: 3134 CORRIB DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: ROBERSON, BRIAN A
Address: 740 MCPHAUL ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: S ( ) Delete
Name: CLIFTON, MELISA
Address: 2081 MISTLETOE CT.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAIN, ERROL D
Address: 3134 CORRIB DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change ( ) Addition
Name: CAIN, JAMES H SR
Address: 3134 CORRIB DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERROL CAIN P 05/02/2006

Electronic Signature of Signing Officer or Director Date