

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# P05000164060

Entity Name: FMY MANAGEMENT INC

**Current Principal Place of Business:**

126 VISTA VERDI CIRCLE  
UNIT 328  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

126 VISTAVERDI CIRCLE  
UNUIT 328  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 20-3967881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEAN-PAUL, ASTRID  
126 VISTA VERDI CIRCLE  
UNIT 328  
LAKE MARY, FL 32746 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: JEAN-PAUL, ASTRID  
Address: 126 VISTA VERDI CIRCLE, UNIT 328  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ASTRID JEAN-PAUL

P

05/01/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date