2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALIF STREET ADDRESS CITY-ST-7IP

FILED Apr 25, 2007 08:00 AM Secretary of State DOCUMENT # P05000165820 1. Entity Name AYS MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address **5082-D LAKE CATALINA DRIVE** 5082-D LAKE CATALINA DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 04182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0443344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STANO, MARC DO NOT WRITE 5082-D LAKE CATALINA DR BOCA RATON, FL 33496 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PDS** TITLE NAME STANO, MARC STREET ADDRESS 5082D LAKE CATALINA DR CITY-ST-ZIP BOCA RATON, FL 33496 TITLE U000000728805 NAME 05/08/07-80013-025 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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: Mary Stomp	4-19-07	561-394-527
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Dute	Daytime Phone #