2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000034143

FILED Jun 09, 2009 Secretary of State

Entity Name: SUPPORT MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 916 NE 62ND ST. OAKLAND PARK, FL 33334 **Current Mailing Address: New Mailing Address:** 916 NE 62ND ST 1804 SHERMAN STREET OAKLAND PARK, FL 33334 HOLLYWOOD, FL 33020 FEI Number: 20-4476683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELCH, PAULA TRUSTEE & RECEIVER SERVICE COMPANY, LLC 4800 HOLLYWOOD BLVD. 2699 STIRLING ROAD A-201 HOLLYWOOD, FL 33021 US FT. LAUDERDALE, FL 33312 US 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: CHAPMAN SMITH, ESQ. 06/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition BATRIN, VLADIMIR Name: Name: 16 LAWRENCE ST. Address: Address: City-St-Zip: WILMINGTON, MA 01887 US City-St-Zip: Title: CFO Title: () Delete () Change () Addition Name: BOYKO, YAROSLAV Name: 45 LONGWOOD AVE., APT. 806 Address: Address: BROOKLINE, MA 02446 City-St-Zip: City-St-Zip: Title: Title: COO () Delete () Change () Addition WELCH, PAULA Name: Name: 4800 HOLLYWOOD BLVD., 1D Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change (X) Addition MARIKA TOLZ, RECEIVER Name: Name: Address: Address: 1804 SHERMAN STREET City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33020

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: MARIKA TOLZ, RECEIVER REC 06/09/2009