2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000034143

FILED Jun 26, 2009 Secretary of State

Entity Name: SUPPORT MANAGEMENT, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
916 NE 621 OAKLAND	ND ST. PARK, FL 33	3334				
Current Mailing Address:				New Mailing Address:		
1804 SHERMAN STREET HOLLYWOOD, FL 33020				916 NE 62ND ST. OAKLAND PARK, FL 33334		
FEI Number: 20-4476683 FEI Number Applied F		FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
TRUSTEE & RECEIVER SERVICE COMPANY, LLC 2699 STIRLING ROAD A-201 FT. LAUDERDALE, FL 33312 US				WELCH, PAULA COO 916 NE 62ND ST. OAKLAND PARK, FL 33334 US		
The above in the State		submits this statement for the p	ourpose of	changing its registere	ed office or registered agent, or both,	
SIGNATURE: PAULA WELCH				06/26/2009		
	Electro	nic Signature of Registered Age	∍nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO (BATRIN, VLAD 16 LAWRENCE WILMINGTON,	EST.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOYKO, YARO	D AVE., APT. 806		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	res: WELCH, PAÙLA ress: 4800 HOLLYWOOD BLVD., 1D			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REC (X MARIKA TOLZ 1804 SHERMA HOLLYWOOD	N STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PAULA WELCH COO 06/26/2009