2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077829

Entity Name: C2 MANAGEMENT, INC.

FILED Apr 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 S. DALE MABRY HWY 3660 NE 166 ST

318 410

TAMPA, FL 33609 US N MIAMI BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

405 S. DALE MABRY HWY 3660 NE 166 ST

318 410

TAMPA, FL 33609 US N MIAMI BEACH, FL 33160 US

FEI Number: 13-4335796 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:

CICCIARELLI, ULISES COLLINS, CRAIG 3726 NE 167 ST. 3660 NE 166 ST

40 410

NORTH MIAMI BEACH, FL 33160 US NORTH MIAMI BEACH, FL 33160 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: CRAIG COLLINS 04/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 COLLINS, CRAIG H
 Name:
 COLLINS, CRAIG H

 Address:
 405 S. DALE MABRY HWY #318
 Address:
 3660 NE 166 ST #410

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 N MIAMI BEACH, FL 33160

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: CRAIG COLLINS P 04/04/2009