2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078977

Entity Name: MANAGEL CORPORATION

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4877 VALLEY FIELD DR OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 4877 VALLEY FIELD DR OLDSMAR, FL 34677 FEI Number: 20-5061587 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: NOTHNAGEL, MATTHEW T 4877 VALLEY FIELD DR OLDSMAR, FL 34677 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: (X) Change () Addition NOTHNAGEL, MATTHEW T Name: Name: NOTHNAGEL, MATTHEW T 4877 VALLEY FIELD DR 4877 VALLEY FIELD DR Address: Address: City-St-Zip: OLDSMAR, FL 34677 MA City-St-Zip: OLDSMAR, FL 34677 MA () Delete Title: VΡ Title: () Change () Addition NOTHNAGEL, MARICEL Name: Name: 4877 VALLEY FIELD DR Address: Address: OLDSMAR, FL 34677 City-St-Zip: City-St-Zip:

Title: SEC (X) Delete NOTHNAGEL, MATTHEW T Name:

4877 VALLEY FIELD DR Address: City-St-Zip: OLDSMAR, FL 34677

Title: (X) Delete NOTHNAGEL, MATTHEW T Name: Address: 4877 VALLEY FIELD DR

OLDSMAR, FL 34677

City-St-Zip:

Title: () Change () Addition Name: Address:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: MATTHEW NOTHNAGEL 04/06/2007 PST