

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006636

FILED
Apr 28, 2008
Secretary of State

Entity Name: MANAGEMENT DIAGNOSTIC, INC.

Current Principal Place of Business:

15310 AMBERLY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15310 AMBERLY DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 30-0400479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNE, CATHY
15310 AMBERLY DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CALDWELL, GAIL
15310 AMBERLY DRIVE
TAMPA, FL 33647 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: GAIL CALDWELL

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HORNE, CATHY
Address: 15310 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: CALDWELL, GAIL
Address: 15310 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL CALDWELL

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date