

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000031803

FILED
Sep 08, 2008
Secretary of State**Entity Name:** FIRST TRUST MANAGEMENT INC.**Current Principal Place of Business:**519 NW 60TH STREET
SUITE C
GAINESVILLE, FL 32607 US**New Principal Place of Business:****Current Mailing Address:**519 NW 60TH STREET
SUITE C
GAINESVILLE, FL 32607 US**New Mailing Address:****FEI Number:** 64-0952533 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PRICE, PETER N ESQ.
901 S. STATE RD 7,
#360
HOLLYWOOD, FL 33 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** MR () Delete
Name: ZUKOWSK, JANUSZ
Address: 519 NW 60TH STR SUITE C
City-St-Zip: GAINESVILLE, FL 32607 US**Title:** MR (X) Delete
Name: GREYLING, CLINTON
Address: 519 NW 60TH STR SUITE C
City-St-Zip: GAINESVILLE, FL 32607 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MR (X) Change () Addition
Name: ZUKOWSKI, JANUSZ
Address: 519 NW 60TH STR SUITE C
City-St-Zip: GAINESVILLE, FL 32607 US**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: JANUSZ ZUKOWSKI

PRES

09/08/2008

Electronic Signature of Signing Officer or Director

Date