2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entry Name CAS MANAGEMENT COMPANY, INC.	I	MENT # P22003		FILEU						
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2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #. etc. City & State P. 7. Name and Address of Current Registered Agent P. 7. Name and Address of New Registered Agent Name Name Name Name City & State Name City & State City & S	STE 190		STE 190							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S										
City & State	2. Principal F	Place of Business	3. Mailing Address							
Type	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052006	Chg-P	CR2E034 (1	11/05)	06
SOUTHERN BAKERIES INC ATTIN ARTHUR KRANTZ 3355 W MEMORIAL BL.VD. LAKELAND, FL. 33601 8. 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. I sam familiar with, and accept the obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only a prevail new obligations of registered agent, how only in the State of Florida. I sam familiar with, and accept the obligations of registered agent, how only in the State of Florida. I sam familiar with, and accept the obligations of registered agent, how only in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I sam familiar with, and accept the obligation of Florida. I sam familiar with, and accept the obligation of Florida. I sam	City & State		City & State		1	-		_		
SOUTHERN BAKERIS INC ATTN: ARTHUR KRANTZ 3355 W MEMORIAL BLVD. LAKELAND, FL 33801 City FL ZD Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE PO	Zip	Country	Zip	Count	ry					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current Registered Agent			F 7. Name and Address of New Registered Agent					
3355 W MEMORIAL BLVD. LAKELAND, FL 33801 City FL Zip Code B. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FILE NOWIII FEE IS \$150.00 ART ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME THE NOWIII FEE IS \$150.00 ART ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME THE NOWIII FE	+					/P.O. Box Numb	or is Not Assentable)			
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature, hyand or primod name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	LAKELAN	D, FL 33801			City				7ip Cod	е
SIGNATURE Symbol or primade name oil registered agent and talled applicable. (MOTE Registered Agent apprature required when relationship) DATE	8. The above	named entity submits this statement f	or the purpose of changing it	s registere		ered agent, or bo	th, in the State of Florio	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachmort with all other like empowered.	indicated of the co	f on this report or supplemental report i rporation or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signatı t as requir	mptions containe ure shall have the ed by Chapter 60	d in Chapter 119 same legal effect 7, Florida Statute), Florida Statutes. I fu ct as if made under oat es; and that my name a	irther certify th th; that I am ar appears in Blo	at the in officer ck 10 o	nformation or director r Block 11 if
May 11										
SIGNATURE: Stephen M. Schuster, Secretary 12 ARC 630-575-2500										