

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30398

FILED
Mar 14, 2006
Secretary of State

Entity Name: MANNA PRO CORPORATION

Current Principal Place of Business:

707 SPIRIT 40 PARK DRIVE
SUITE 150
CHESTERFIELD, MO 63005 US

New Principal Place of Business:

Current Mailing Address:

707 SPIRIT 40 PARK DRIVE
SUITE 150
CHESTERFIELD, MO 63005 US

New Mailing Address:

FEI Number: 95-3991180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BRESLER, ANDREW R
Address: 16 WILLOW HILL DRIVE
City-St-Zip: LADUE, MO

Title: D () Delete
Name: WENZEL, DAVID
Address: 20 JUANITA PL
City-St-Zip: BELLEVILLE, IL 62223

Title: D () Delete
Name: WEISENFELS, JOHN
Address: 4510 BELLEVUE SUITE 300
City-St-Zip: KANSAS CITY, MO 64111

Title: D () Delete
Name: CROTTY, PAUL R
Address: 9 OLD KINGS HIGHWAY SOUTH
City-St-Zip: DARIEN, CT 06820

Title: O () Delete
Name: ALTWIES, TOM A
Address: 2121 MCGREGOR CIRCLE
City-St-Zip: O FALLON, MO 63366

Title: D (X) Delete
Name: WOODARD, ROB
Address: 400 SW 8TH STREET, SUITE 200
City-St-Zip: TOPEKA, KS 66603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WENZEL, DAVE
Address: 20 JUANITA PLACE
City-St-Zip: BELLEVILLE, IL 62223

Title: D (X) Change () Addition
Name: CAGLE, ROGER
Address: 14847 GREENELEAF VALLEY DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: D (X) Change () Addition
Name: HOWE, JOHN
Address: 1108 COURTHOOD CIRCLE
City-St-Zip: BALLWIN, MO 63011

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 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: STEVEN CRISCIONE

CTRL

03/14/2006

Electronic Signature of Signing Officer or Director

Date