


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 022 ***150.00

DOCUMENT # P93000023732 1. Entity Name BOHN MANAGEMENT CORPORATION	
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Principal Place of Business 1320 BUENA VISTA BLVD OFFICE PANAMA CITY FL 32405 US	Mailing Address P.O. BOX 16567 PANAMA CITY FL 32405
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State	City & State	4. FEI Number 59-3173024	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOHN, JUDITH 310 MOON LIGHT BAY DR PANAMA CITY BEACH FL 32407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	BOHN, JUDITH	
STREET ADDRESS	310 MOON LIGHT BAY DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407-3	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOHN, HERMANN	
STREET ADDRESS	310 MOONLIGHT BAY DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOHN, HERMANN	
STREET ADDRESS	310 MOONLIGHT BAY DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE: Judith Bohn / Judith Bohn Date: 1-25-06 Daytime Phone #: 850 814-6925