
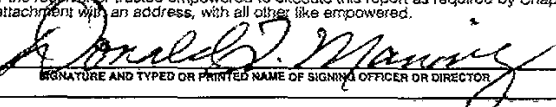


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000061113		
1. Entity Name MANNING FINANCIAL GROUP, INC.		
Principal Place of Business 9412 US HWY #1 SEBASTIAN, FL 32958 US		Mailing Address 9412 US HWY #1 SEBASTIAN, FL 32958 US
DO NOT WRITE IN THIS SPACE		
		07022004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0419052		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MANNING, DONALD F 9412 U.S. HIGHWAY 1 SEBASTIAN, FL 32958		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MANNING, DONALD F 9412 U.S. HIGHWAY 1 SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MANNING, MELODY S 9412 U.S. HIGHWAY 1 SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient 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: 		7-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #