2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000069804 **Secretary of State** 1. Entity Name 03-22-2006 90023 034 ***150.00 YELLOWSTONE MANAGEMENT GROUP, INC. Mailing Address Principal Place of Business 749 US HIGHWAY ONE 749 US HIGHWAY ONE 50004441 2030 N PALM BCH, FL 33408 N PALM BCH, FL 33408 US . 7 -4³ - 4-1 -3. Mailing Address 2, Principal Place of Business 750 Ocean Royale Way 750 Ocean Royale Way Suite, Apt. #; etc. Suite, Apt. #, etc. 03102006 CR2E034 (11/05) 1002 1002 City & State 4. FEI Number Applied For City & State 65-0443017 Not Applicable Juno Beach. Juno Beach Zip \$8.75 Additional 5. Certificate of Status Desired 33408 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William A. Strachan Street Address (P.O. Box Number is Not Acceptable) 750 Ocean Royale Way KENNEY, TIMOTHY H 120 BUTLER STREET SUITE B WEST PALM BEACH, FL 33407 Suite 1002 Juno Beach 33408 supprits 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 8. The above named entity the obligations of reg (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🔀 Delete TITLE Change Change Addition President STRACHEN, WILLIAM A. NAME NAME William A. Strachan STREET ADDRESS 749 US HIGHWAY ONE STE 203C STREET ADDRESS 750 Ocean Royale Way, Ste. 1002 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP Juno-Beach, FL 33408 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$3 - 789 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Horida 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 agoress, with all other like empowered. SIGNATURE: AND TYPED OR INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 22, 2006 8:00 am