

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082683

**FILED**  
**Feb 21, 2008**  
**Secretary of State**

**Entity Name:** FOLEY MANAGEMENT INTERNATIONAL, INC.

**Current Principal Place of Business:**

11541 LANE PARK RD  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

11541 LANE PARK RD  
TAVARES, FL 32778 US

**New Mailing Address:**

**FEI Number:** 65-0454854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

M W AGENTS INC  
9100 S DADELAND BLVD  
SUITE 1707  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

DAVID SCHEINMAN  
11919 SW 42ND CT.  
DAVIE, FL 33330 US

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: DAVID SCHEINMAN

02/21/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOLEY, THOMAS D  
Address: 10691 N KENDALL DR SUITE 210  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FOLEY, THOMAS D  
Address: 11541 LANE PARK RD.  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS FOLEY

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date