2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P94000008694

Entity Name: MAINSAIL MANAGEMENT GROUP, INC.

Current Principal Place of Business:

5108 EISENHOWER BLVD
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5108 EISENHOWER BLVD
TAMPA, FL 33634 US

New Mailing Address:

8010 WOODLAND CENTER BLVD.,
SUITE 900
TAMPA, FL 33614 US

FEI Number: 59-3216763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, JOE C III
5108 EISENHOWER BLVD
TAMPA, FL 33634 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: DP (X) Delete
Name: HARRIS, RICHARD
Address: 16613 HUTCHINSON RD.
City-St-Zip: ODESSA, FL 33556

Title: DV ( ) Delete
Name: COLLIER, JOE
Address: 821 S NEWPORT AVE
City-St-Zip: TAMPA, FL 33606

Title: MGR ( ) Delete
Name: VASSALLO, JULIANNE
Address: 15814 GLENARN DR
City-St-Zip: TAMPA, FL 33618

Title: P ( ) Delete
Name: LANE, III, GEORGE
Address: 5555 GLENRIDGE CONN. #700
City-St-Zip: ATLANTA, GA 30342

Title: P ( ) Delete
Name: POLLACK, MARC
Address: 5555 GLENRIDGE CONN. #700
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: COLLIER, JOE
Address: 821 S NEWPORT AVE
City-St-Zip: TAMPA, FL 33606

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

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 Section 119.07(3)(i), 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: JULIANNE VASSALLO MGR 04/28/2005

Electronic Signature of Signing Officer or Director Date