2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008694

POLLACK, MARC

ATLANTA, GA 30342

5555 GLENRIDGE CONN. #700

Name:

Address:

City-St-Zip:

Entity Name: MAINSAIL MANAGEMENT GROUP, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5108 EISENHOWER BLVD TAMPA, FL 33634 **Current Mailing Address: 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: Name and Address of New Registered Agent: COLLIER, JOE C III 5108 EISÉNHOWER BLVD TAMPA, FL 33634 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: COLLIER, JOE Name: 821 S NEWPORT AVE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: MGR Title: () Delete (X) Change () Addition Name: VASSALLO, JULIANNE Name: CORLEW. JULIANNE V 15814 GLENARN DR 18406 LIVINGSTON DRIVE Address: Address: TAMPA, FL 33618 TAMPA, FL 33549 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LANE, III, GEORGE Name: Name: 5555 GLENRIDGE CONN. #700 Address: Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JULIANNE V. CORLEW MGR 04/27/2006