2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008694

Entity Name: MAINSAII MANAGEMENT GROUP INC

FILED Mar 17, 2008 Secretary of State

LINKY NAME: WANGAIL WANGEWENT GROOF, INC.						
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
5108 EISE TAMPA, FI	NHOWER BL' _ 33634 U					
Current Mailing Address:			New Maili	New Mailing Address:		
8010 WOODLAND CENTER BLVD., SUITE 900 TAMPA, FL 33614 US			5108 EISENHOWER BLVD TAMPA, FL 33634 US			
FEI Number:	59-3216763	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
TAMPA, Fi	NHOWER BL' _ 33634 US named entity	5	urpose of changing i	ts registered	d office or registered agent, or both,	
in the State	of Florida.					
SIGNATUR						
	Electror	nic Signature of Registered Age	nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (COLLIER, JOE 5108 EISENHO TAMPA, FL 33	WER BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CORLEW, JUL	ND CENTER BLVD SUITE 900	Title: Name: Address: City-St-Zip:	CORLEW, JU	HOWER BLVD	
Title: Name: Address: City-St-Zip:	LANE, III, GEO	GE CONN. #700	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	P (POLLACK, MA) Delete RC	Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JULIANNE V CORLEW DP 03/17/2008

5605 GLENRIDGE DR SUITE 775

ATLANTA, GA 30327

Address:

City-St-Zip: