

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000032174**

1. Entity Name  
**TRUMAN MANAGEMENT CORPORATION**



Principal Place of Business  
**1001 E. ATLANTIC AVE  
SUITE 202  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**1000 MARKET STREET  
BLDG 1  
PORTSMOUTH, NH 03801 US**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0487974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000676386  
03/30/07-80056-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MICHAEL 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, WILLIAM 1000 MARKET ST., SUITE 300 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Walsh, Director

1/24/07

(561)279-9900