


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000033181

1. Entity Name
THREE STAR MANAGEMENT INC.



Principal Place of Business Mailing Address

**10210 DAPHNEY HOUSE WAY
 ROCKVILLE, MD 20850** **10210 DAPHNEY HOUSE WAY
 ROCKVILLE, MD 20850**



DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0487419 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

**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 technical)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, JONATHAN C 10210 DAPHNEY HOUSE WAY ROCKVILLE, MD 20850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RESNICK, MARLENE 6701 PARK HEIGHTS AVE #3B BALTIMORE, MD 21215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LEVY, DARA L 10210 DAPHNEY HOUSE WAY ROCKVILLE, MD 20850
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 IN THIS SPACE**

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 04/28/05-80011-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **JONATHAN C. LEVY, President** 4/25/05 (301) 610-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #