2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P94000092817

Entity Name: D & B MANAGMENT, INC.

Current Principal Place of Business:

16389 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

14548-A S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

Current Mailing Address:

16389 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445 US

New Mailing Address:

PO BOX 6730
DELRAY BEACH, FL 33482 US

FEI Number: 65-0541436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLARD, ANN
16389 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

WOOLARD, ANN
14548-A S. MILITARY TRAIL
DELRAY BEACH, FL 33484 US

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: ANN WOOLARD 02/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WOOLARD, JAMES J
Address: 16389 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV ( ) Delete
Name: WOOLARD, ANN
Address: 16389 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WOOLARD, JAMES J
Address: 14548-A S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33482

Title: DV (X) Change ( ) Addition
Name: WOOLARD, ANN
Address: 14548-A S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33482

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: ANN WOOLARD D 02/15/2005
Electronic Signature of Signing Officer or Director Date