2	006 FOR PROFI	CORPORA REPORT		FILED Apr 10, 2006 8:00 am Secretary of State
1. Entity Name	MENT # P95000014 ASSET MANAGERS, INC.	929		04-10-2006 90288 019 ***150.00
Principal Ptace of Business P.O. BOX 92296 LAKELAND, FL 33804-2296		Mailing Address P.O. BOX 92296 LAKELAND, FL 33804-2296		60025682
		3. Mailing Address		
Suite, Apt. #, etc. P. O. Box 7628 City & State		Suite, Apt. #, etc. P. O. Box 7628 City & State		03072006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For
Lakela ^{Zip}	Country	Lakeland, FL _{Zip}	Country	59-3306782 Not Applicable 5. Certificate of Status Desired 5. Cert
33807-7	6. Name and Address of Current	33807-7628 Registered Agent	USA Name	7. Name and Address of New Registered Agent
SPENCE, JAMES WILSON 5966 PIER PLACE DRIVE LAKELAND, FL 33813				Iress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature. Hyped or printed name of registered agent (E NOW111 FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa		required when reinstating) DATE \$5.00 May Be Added to Fees
10. TITLE VAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P SPENCE, JAMES WILSON 5966 PIER PLACE DRIVE LAKELAND, FL		11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE IAME STREET ADORESS STY-ST-ZIP		C Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME STREET ADORESS STYL-ST-ZIP		🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME TREET ADDRESS ITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗖 Addition
ITLE IAME ITREET ADDRESS ITY - ST - ZIP		Deléte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗌 Addition
TTLE NAME STREET ADDRESS STTY-ST-ZIP		Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empire or on an attachment with an address,	s true and accurate and that owered to execute this report	ny signature shall hav as required by Chapt James	ntained in Chapter 119, Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if s. W. Spence, MD 4-6-06 (863) 619-8512 Date Daytere Phone 6