

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90001 026 \*\*\*550.00

<b>DOCUMENT # P95000043892</b>				
1. Entity Name <b>DAVIS MGT. INC.</b>				
Principal Place of Business <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>		Mailing Address <b>13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
DAVIS, CHARLES W. 13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027		Name <u>Davis, Charles W</u> Street Address (P.O. Box Number is Not Acceptable) <u>4901 Cypress Beach Court #403</u> City <u>Pompano Beach</u> FL Zip Code <u>33069</u>		
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 <u>Charles W Davis</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Charles W. Davis</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
DATE <u>5/24/06</u> <small>DATE</small>				
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, CHARLES W 13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JULIE 13460 SW 10 ST SUITE 101 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST THOMPSON, LAURA 13460 SW 10 ST. SUITE 101 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles W. Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/24/06</u> <small>Daytime Phone #</small>		



05162006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0583967** Applied For  Not Applicable

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