


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90035 033 ***150.00

| | |
|-----------------------------------|---|
| DOCUMENT # P95000043892 |  |
| 1. Entity Name DAVIS MGT. INC. | |

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| Principal Place of Business 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US | Mailing Address 13460 SW 10 STREET SUITE 101 PEMBROKE PINES, FL 33027 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

4000000000



02252008 Chg-P CR2E034 (12/06)

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|---|---|
| 4. FEI Number 65-0583967 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 6. Name and Address of Current Registered Agent DAVIS, CHARLES W 4191 CYPRESS BEACH CART 403 POMPAHO BEACH, FL 33069 | 7. Name and Address of New Registered Agent Name: DAVIS, CHARLES W Street Address (P.O. Box Number is Not Acceptable): 4191 Cypress Beach Court #403 City: Pompano Beach, FL Zip Code: 33069 |
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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: Charles W Davis DATE: 3/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD DAVIS, CHARLES W 4191 CYPRESS COURT, 403 POMPAHO BEACH, FL 33069 <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 4191 CYPRESS REACH CT., 403 POMPAHO BEACH, FL 33069 <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 4191 CYPRESS REACH CT., 403 POMPAHO BEACH, FL 33069 <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 |
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| 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: Charles W Davis CHARLES W. DAVIS PRES. 3/24/08 (954) 977-3001

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