

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048685

Entity Name: 798 MANAGEMENT GROUP, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

1189 HYPOLUXO ROAD
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

1189 HYPOLUXO ROAD
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 65-0591814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, SIGALOS & SPYREDES, PA
3839 NW BOCA RATON BLVD
100
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

STERLING BANK
1189 HYPOLUXO ROAD
LANTANA, FL 33467 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: WILLIAM A SCHOFIELD

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBRIGHT, DAVID
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: VP () Delete
Name: VOGEL, THOMAS F
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: T () Delete
Name: SCHOFIELD, WILLIAM
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: S () Delete
Name: BAVELIS, GEORGE A
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

Title: VP () Delete
Name: CLARKSON, PETER
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLARKSON, PETER DR
Address: 1189 HYPOLUXO ROAD
City-St-Zip: LANTANA, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM SCHOFIELD

CFO

04/25/2008

Electronic Signature of Signing Officer or Director

Date