2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90005 039 ***150.00

DOCUMENT # P95000052707

1. Entity Name
GET MANAGEMENT, INC.

40008485

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD #1045 CORAL GABLES, FL 33134	999 PONCE DE LEON BLVD #1045 CORAL GABLES, FL 33134

01152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
207 East Hillcrest St.	207 East Hillcrest St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: U.S.	Zip: 32801 Country: U.S.

4. FEI Number: 65-0596056 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHADDERTON, TREVOR B 999 PONCE DE LEON BLVD #1045 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REISS, EDWARD M 5835 BLUE LAGOON DRIVE., #200 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CHADDERTON, TREVOR B 5835 BLUE LAGOON DR. #200 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________ 1-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 400084485

207 EAST HILLCREST STREET
ORLANDO, FL 32801

January 18, 2008

Florida Department of State

Please change all 6 enclosed to our **NEW MAILING ADDRESS** so that we get our Annual Report notice mailed here. We have been writing every month since August.

207 EAST HILLCREST STREET
ORLANDO, FL 32801

TEL: 407 447-5884
FAX: 407 650-9042
CEESHARK@AOL.COM

KENDALE PLAZA	DOC# L05000119616
THE 79 SHOPS	DOC# L06000016015
EMR HOLDINGS	DOC# P99000090795
KINGS MEADOW	DOC# L07000057371
GET MANAGEMENT	DOC# P95000052707
HIAWASSEE WOODS	DOC# L07000056921

Edward Reiss, Trustee

Coleen Crider