2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000055050 1. Entity Name							Secretary of State				
SUMMIT	MANAGE	MENT GROUP, I	VC.								
Principal Place of Business 888 BRICKELL KEY DR. STE 2002				Address RICKELL KEY D		e (water a line (also: give egile while being stret what with abid; give welles) if (ag)			11 22 1 11 1 22 1		
MIAMI FL 33131 US				FL 33131							
2. Principal Place of Business			3. Made	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE	CR2E034		_
City & State			City &	& State		4. FEI Numb	65-059673	4	i - ′	plied For t Applicati	
Zip Country		Zip			atry	5. Certificate of Status Desired Fee Required					
		and Address of Curre	nt Registered	i Ageni		Name	7. Name and	d Address of New 1	registered /	gent	<u>_</u> `
888	HULTE, RI BRICKRL 2002	CHARD \$R. L KEY DR.			Street Address (P.O. Box Numb	per is Not Acceptabl	e)			
MIA	MI FL 33	131				City			 FL	Zip Code	8
	named entit	y submits this statement ered agent.	for the purpo	se of changing its	s register	} ed office or register	ed agent, or bo	oth, in the State of Fi) amiliar with,	and accep
SIGNATURE.	Signature typed	or printed name of registered agr	ant and title it applie	calle (NO	I£-Registore	a Agent signature required	when romstaling)		DATE		
After	May 1, 200	II FEE IS \$150.00 6 Fee Will Be \$550. Florida Department	00 of State					g. Election Camp Trust Fund Cor	_		 OO May Earl od to Fees
10.		OFFICERS AN	A 400 P. P. P.		11.		ADDITIONS	TCHANGES TO OF	ICERS AND	-	
NAME STREET ADDRESS .CITY - ST-ZIP	1	RICHARD SR. ELL KEY DR. #2002 33131		☐ Delcte				U0000042 02/16/06-80	91548)040-01	□ Change 7 150.0	□ Ağığını D
TALE				☐ Delete	HILL HAM	(☐ Change	Addin
STREET ADDRESS CAY-ST-ZIP					STRE	ELT AOORESS -\$1-21P					
TITLE MAME				Delete	I HELI NAM	1				Change	Andin
STREET ADDRESS C17Y-S7-ZIP	}					ET AUDRESS - ST- ZIP					
TIFLE NAME				☐ Delete	TIFLE NAM	,				☐ Change	□ \ v.m.
STREET ADDRESS City-St-ZIP					E	ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CNY-ST-ZIP				☐ Defete	E	3				☐ Change	□ Admin
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	THE NAM STRE					☐ Change	□ AAA
12. I hereby indicated of the co.	l on this repo rporation or t	e information supplied in tor suppliemental report the receiver or trustee eattachment with an additional supplier.	t is true and a mpowered to	eccurate and that execute this repo	for the ex rmy signa on as requ	kemptions containe	same legal ette	ct as it made under	ວລາກ. າກລາ La	an an cancer	or director

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