2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000006202

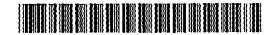
1. Entity Name COLLUM MANAGEMENT CORP.

Principal Place of Business

540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312 Mailing Address

540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312

FILED Mar 13, 2006 08:00 AM Secretary of State



03032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0653567 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulard

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COLLUM, RICHARD 540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	gistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	II applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing [\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CSTY-ST-JIP TITLE NAME STREET ADDRESS	DP COLLUM, RICHARD 540 SW 27TH AVENUE FORT LAUDERDALE, FL 33312				800000463389 03/21/06-80075-003 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
HTLE HAME STREET ADDRESS CITY-SI-ZIP						
TITLE	}		I .			

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 eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

NAME STREET ADDITESS CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

3/3/06 (954) 583-1045 Commo Prince 4