

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067289 1. Entity Name FOCUS MANAGEMENT GROUP, INC.	
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Principal Place of Business 7900 GLADES ROAD SUITE 600 BOCA RATON, FL 33434	Mailing Address 7900 GLADES ROAD SUITE 600 BOCA RATON, FL 33434
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0691241	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOPPEL, MICHAEL 7900 GLADES ROAD SUITE 600 BOCA RATON, FL 33434

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IN THIS SPACE**

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

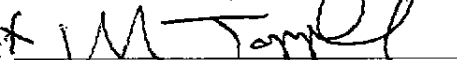
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOPPEL, HAROLD 7900 GLADES RD., SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOPPEL, MICHAEL 7900 GLADES RD., SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOPPEL, JONATHAN 7900 GLADES RD., SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUER, SHERI 7900 GLADES RD., SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KASSEBAUM, KEVIN 7900 GLADES RD., SUITE 600 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06 00004-020 150.00

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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:  **Michael Toppe** 3/02/06 561-451-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR