


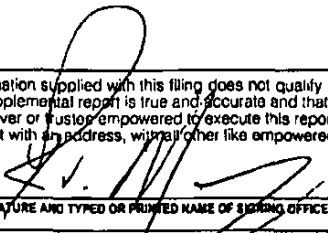


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000043339</b>			<b>FILED</b>	
1. Entity Name <b>THE MANNING COMPANY, INC.</b>			<b>07 FEB 12 PM 1:35</b>	
Principal Place of Business <b>220 SW 27TH ST FORT LAUDERDALE, FL 33317</b>		Mailing Address <b>220 SW 27TH ST FORT LAUDERDALE, FL 33317</b>		 <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>DO NOT WRITE IN THIS SPACE</b>				
				
01302007 No Chg-P CR2E034 (11/05)				
4. FEI Number <b>65-0751154</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent				
<b>MANNING, RICHARD V 2144 SW 114TH AVE DAVIE, FL 33325</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				
TITLE	D			
NAME	MANNING, RICHARD V			
STREET ADDRESS	2144 SW 114TH AVE			
CITY- ST- ZIP	DAVIE, FL 33325			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
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, without other like empowered.				
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				