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Feb 10, 2006 8:00 am
Secretary of State
02-10-2006 90002 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053843

1. Entity Name
SKYLINE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
211 SW 2ND ST STE A PO BOX 1910 FT. LAUDERDALE, FL 33301	211 SW 2ND ST. SUITE A PO BOX 1910 FT. LAUDERDALE, FL 33301
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State	City & State
Zip / Country	Zip / Country

010182006 Org-P CR2E034 (11/05)

4. FEI Number: 65-0768098 — 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
LETTMAN ROBERT D 8010 N UNIVERSITY DR 2ND FLR TAMARAC, FL 33321	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: ______________________ DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAGID DIANE H	NAME	
STREET ADDRESS	211 SW 2ND ST.	STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE, FL 33301	CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
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CITY ST ZIP		CITY ST ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 all other like empowered.

SIGNATURE: Diane Magid - DIANE MAGID 2/2/06 954-779-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #