

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015218

Entity Name: MED-MANAGE INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

135 NO. 6TH STREET
SECOND FLOOR #5
HAINES CITY, FL 33844 US

New Principal Place of Business:

3956 TOWN CENTER BLVD
BOX 206
ORLANDO, FL 32837 US

Current Mailing Address:

3956 TOWN CENTER BLVD. #206
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3494455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBANEZ, JUAN A
14400 OKONIS CT
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: IBANEZ, JUAN A
Address: 3956 TOWN CENTER BLVD. #206
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A. IBANEZ

PTSD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date