



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000034954</b>		
1. Entity Name PATAPEDIA MANAGEMENT, INC.		
Principal Place of Business 340 ROYAL PALM WAY STE 101 PALM BEACH, FL 33480	Mailing Address 340 ROYAL PALM WAY STE 101 PALM BEACH, FL 33480	  03032006    No Chg-P    CR2E034 (11/05)  4. FEI Number 65-0832414    Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VALDES-FAULI CORPORATE SERVICES, INC. 777 S FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 33401		
<b>DO NOT WRITE IN THIS SPACE</b>		
9. 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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		  U00000542456 05/10/06-80097-009 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PTSD	
NAME	COOK, MARK W	
STREET ADDRESS	340 ROYAL PALM WAY STE 101	
CITY-ST-ZIP	PALM BEACH, FL 33480	
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, with all other like empowered.		
SIGNATURE: <u>MARK W COOK</u> <u>MARK W COOK</u> <u>4-27-06</u> <u>561 837 8650</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date    Daytime Phone #</small>		