
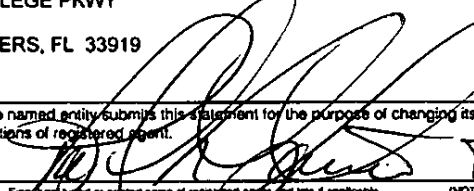
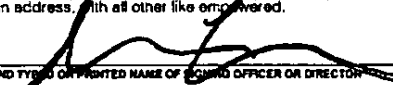


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-19-2005 90044 047 ***150.00

DOCUMENT # P98000059743					
1. Entity Name THE MANAGEMENT CONNECTION, INC.					
Principal Place of Business 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919			Mailing Address 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0865013	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FREDEN, ARLENE A 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name: PAUL L. LARROW Street Address (P.O. Box Number is Not Acceptable): 3501 DEL PRADO BLVD STE 310 City: CAPE CORAL FL Zip Code: 33904	
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:  PAUL L. LARROW 6/2/2005 <small>Signature must be printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FREDEN, ARLENE 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT TEAGUE, GEORGE 8270 COLLEGE PKWY STE. 103 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREDEN, DAVID E 8270 COLLEGE PKWY STE 103 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LARROW, PAUL 3501 DEL PRADO BLVD STE 310 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NURMOHAMED, HASSAN 8270 COLLEGE PARKWAY, STE 103 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			6/2/2005		
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			Date Daytime Phone #		

66021732



04112005 Chg-P CR2E034 (10/03)