


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000075374

1. Entity Name
EXCHANGE MANAGEMENT, INC.



Principal Place of Business
P.O. BOX 562647
MIAMI, FL 33256-2647

Mailing Address
P.O. BOX 562647
MIAMI, FL 33256-2647



01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0859810

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, STEVEN G
2824 VALENCIA WAY
FORT MYERS, FL 33901

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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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	LEVINE, STEVEN G
STREET ADDRESS	2824 VALENCIA WAY
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	SVD
NAME	BERFOND, LAWRENCE
STREET ADDRESS	8221 GLADES RD # 101
CITY - ST - ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	SICHERMAN, ROBIN
STREET ADDRESS	19657 BLACK OLIVE LANE
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/17/06-80017-003 150.00

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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: Steven G. Levine **STEVEN G. LEVINE** (305) 251-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #