2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000080629

DENNISON MANAGEMENT GROUP, INC.



Principal Place of Business

1580 SAWGRASS CORP PKWY STE 130 SUNRISE, FL 33323

Mailing Address

1580 SAWGRASS CORP PKWY STE 130 SUNRISE, FL 33323

FILED May 02, 2008 08:00 AN Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE
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04292008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0874364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DENNISON, JOHN 1580 SAWGRASS CORP PKWY STE 130 SUNRISE, FL 33323

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE

DO NOT WRITE IN THIS SPACE

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 or registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered office or registered agent, or both, in the State of Florida.								
SIGNATURE	2 ct. Only, debthat is its reject chose of neclear and offent and pile.	<u> </u>	d Agent signature	required when reinstating)	T 48 / 3 8			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000944877			
10.	OFFICERS AND DIREC	CTORS	I		05/29/08-80115-023 150.00			
TOTALE NAME COPPLET ADDRESS COLORST-ZIP	PD DENNISON, JOHN 1580 SAWGRASS CORP PKWY STE SUNRISE, FL 33323	130						
TALE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNISON, LAURA 1580 SAWGRASS CORP PKWY STE SUNRISE, FL 33323	130						
TITLE NAME STRIFT ADDRESS CITY-S1-ZIP				DO	NOT WRITE			
TITES MAME STREET ADDRESS CITY-ST ZIP				IN '	THIS SPACE			
NAME STREET ADDRESS CHY+ST-ZIP								
THE LAME STREET ADDRESS OFFY-ST-ZIP								
12. Unereby of indicated of the cor	Definy that the information supplied with this it on this report or supplemental report is true a poration or the receiver or rustice empowered to the attackment with a supplemental to the attackment with a supplemental to the attackment with a supplemental true attackment with a supplemental true attackment and accordance with a supplemental true attackmental true at a supplemental true at a supplement	ling does not qualify for the extend accurate and that my signal to execute this report as requiremental the state of the	emptions cou ure shall have ed by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or directories; and that my name appears in Block 10 or Block 11 if			