2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P99000007704 03-15-2006 90116 007 ***150.00 MANALAPAN TRUST GROUP, INC. -Principal Place of Business Mailing Address 211 EAST AVENUE LANTANA FL 33462-1857 139 PROSPECT RD LAKE WORTH FL 33462 2. Principal Place of Business East Suneise Avenue 211 Ens) Suverse Ave Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For **NO-T APPLICABLE** Not Applicable ANTANA \$8.75 Additional 5. Certificate of Status Desired 33462-1857 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEAUCHAMP, PAUL E 139 PROSPECT RD SUNLISE AVENUE LANTANA FL 33462 City WIANA 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE PAUL E. BEAUCHAMP NAME BEAUCHAMP, PAUL E NAME 211 East SUNRISE AVENUE LOWTANA FL 33462-185 STREET ADDRESS STREET ADDRESS P.O. BOX 4116 CITY-ST-ZIP LANTANA FL 33465 CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STŘEET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP ☐ Delete TITS F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.