2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86249

Entity Name: ANJAC MANAGEMENT CORP.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O JACOB PINELES
4545 N. OCEAN BLVD
BOCA RATON, FL 33431

C/O ANN PINELES
4545 N. OCEAN BLVD
BOCA RATON, FL 33431

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

C/O JACOB PINELES
4545 N. OCEAN BLVD
BOCA RATON, FL 33431

C/O ANN PINELES
4545 N. OCEAN BLVD
BOCA RATON, FL 33431

BOCA RATON, FL 33431

FEI Number: 65-0289030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PINELES, JACOB
4545 N. OCEAN BLVD.
BOCA RATON, FL 33431 US
PINELES, ANN PRES
4545 N. OCEAN BLVD.
BOCA RATON, FL 33431 US
BOCA RATON, FL 33431 US

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.

SIGNATURE: ANN PINELES 04/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition PINELES, JACOB, PINELES, ANN PRES Name: Name: 4545 N. OCEAN BLVD 4545 N. OCEAN BLVD Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33431

Title: STD () Delete Title: VP (X) Change () Addition

 Name:
 PINELES, ANN,
 Name:
 PINELES, RICHARD VP

 Address:
 4545 N. OCEAN BLVD.
 Address:
 4545 N. OCEAN BLVD.

 City-St-Zip:
 BOCA RATON, FL
 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN PINELES PRES 04/17/2008