2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25541

Entity Name: PLAN MANAGEMENT CORPORATION

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of E	New Principal Place of Business:	
4295 N DAVIE RD HOLLYWOOD, FL 33024			4270 E 43RD STREET N. LITTLE ROCK, AR 721	4270 E 43RD STREET N. LITTLE ROCK, AR 72117	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 8 HOLLYW0	814029 OOD, FL 33081	US	P.O. BOX 6390 SHERWOOD, AR 72124	US	
FEI Number	: 59-2624108	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				ew Registered Agent:	
HOLLYWO	RISON ST #180 DOD, FL 33020	US	ne purpose of changing its registered off	ice or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			Agent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () CIMINO, SAVER 6821 SW 43RD DAVIE, FL 3331	CT	Title: () 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	VSD () CIMINO, GIOVAI 6821 SW 43RD DAVIE, FL 3331	CT	Title: () 0 Name: Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAM CIMINO PRES 04/25/2005