

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25541

FILED
Apr 05, 2006
Secretary of State

Entity Name: PLAN MANAGEMENT CORPORATION

Current Principal Place of Business:

4270 E 43RD STREET
N. LITTLE ROCK, AR 72117

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6390
SHERWOOD, AR 72124 US

New Mailing Address:

FEI Number: 59-2624108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, MARK F
1720 HARRISON ST #1805
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CIMINO, SAVERIO,
Address: 6821 SW 43RD CT
City-St-Zip: DAVIE, FL 33314

Title: VSD () Delete
Name: CIMINO, GIOVANA,
Address: 6821 SW 43RD CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CIMINO, SAVERIO,
Address: 13 INVERNESS COURT
City-St-Zip: CABOT, AR 72023

Title: VSD (X) Change () Addition
Name: CIMINO, GIOVANA,
Address: 13 INVERNESS COURT
City-St-Zip: CABOT, AR 72023

I hereby certify that the information supplied with this filing does not qualify for the 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: SAM CIMINO

PTD

04/05/2006

Electronic Signature of Signing Officer or Director

Date