2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90017 036 ***158.75

DOCUMENT # F98000004086

1. Entity Name
DAIS ANALYTIC CORPORATION

44011165

Principal Place of Business	Mailing Address
11552 PROSPEROUS DR ODESSA, FL 33556 US	11552 PROSPEROUS DR ODESSA, FL 33556 US

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-1760865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TANGREDI, TIMOTHY 4326 CLAIRIDGE WAY PALM HARBOR, FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOELL, GLENN J 4132 VISTA VERDA DR APT 15 NEW PORT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 25824 BLOOMSBURY CT. LAND O' LAKES FL 34639	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EHRENBERG, SCOTT G 1844 KISMERE DR NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAYZAKA, RAY 40 MALTA TEST STATION, PLAINS RD. MALTA, NY 12020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TANGREDI, PATRICIA 4326 CLAIRIDGE WAY PALM HARBOR, FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TANGREDI, TIMOTHY 4326 CLAIRIDGE WAY PALM HARBOR, FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P and D ☒ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, ROBERT 8 AIRPORT PARK BLVD. LATHAM, NY 12110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Timothy Tangredi 2/10/04 727 375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #