

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L02472

1. Entity Name
DAO CONSULTANTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP -9 AM 10:40

Principal Place of Business
1110 E MARKS ST
ORLANDO, FL 32803

Mailing Address
1110 E MARKS ST
ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07302008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2962523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAO, SOLANGE C
305 W LAKE FAITH DR
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DAO, DUY
STREET ADDRESS 7610 CLUBHOUSE ESTATES
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☐ Delete
NAME DAO, MARIE V.
STREET ADDRESS 7610 CLUBHOUSE ESTATES
CITY-ST-ZIP ORLANDO, FL 32819

TITLE PD ☐ Delete
NAME DAO, SOLANGE C.
STREET ADDRESS 305 W LAKE FAITH DR
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ Delete
NAME DAO, ARMAND
STREET ADDRESS 7610 CLUBHOUSE ESTATES DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☒ Delete
NAME DAO, ALAIN
STREET ADDRESS 7610 CLUBHOUSE ESTATES DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☒ Delete
NAME DAO, EUGENIE
STREET ADDRESS 7610 CLUBHOUSE ESTATES DR
CITY-ST-ZIP ORLANDO, FL 32819

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600135962386
CITY-ST-ZIP 09/16/08--01018--006 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Solange C. Dao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/08

8/8/08

407 8986872