2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOÇUMENT # L03000021599

1. Entity Name
DANSCO ENGINEERING, LLC



Principal Place of Business

5912 FORTUNE PLACE APOLLO BEACH, FL 33572 Mailing Address

5912 FORTUNE PLACE APOLLO BEACH, FL 33572

FILED Jan 12, 2006 08:00 AN Secretary of State



 \Box

DO NOT WRITE IN THIS SPACE

01082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3788074

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

GREENBERG, SAM 5912 FORTUNE PLACE RUSKIN, FL 33572

DO NOT WRITE IN THIS SPACE

| | above named entity submits this statement for it | e purpose of changing its registered offi | e or registered agent, | or both, in the State of Florida. | I am familiar with, and accept |
|--------|--|---|------------------------|-----------------------------------|--------------------------------|
| the | bligations of registered agent. | | | | |
| DICKIA | LIDE | | | | |

(NOTE Registered Agent signature required when reinstaling)

Filing Fee is \$50.00 Due by May 1, 2006 UN0000382778 01/12/06-80027-008 50.00

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BETTER BY DESIGN, LTD. NAME STREET ADDRESS 109 MILES AVENUE SW CITY-ST-ZIP CANTON, OH 44710 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the redeiver or frusted expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-9.06a

212-645-0166p

Daytime Phone