2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P06000035252

Entity Name: DANIELS INVESTMENT GROUP INC.

Current Principal Place of Business:

209 RHAPSODY AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

209 RHAPSODY AVE.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 20-4689555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HENDRY, DEBORAH M
209 RHAPSODY AVE
LAKE PLACID, FL 33852 US

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: DEBORAH M. HENDRY 04/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STUTEVILLE, DALENE
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: STUTEVILLE, THAD
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: ANDERSON, ROSALYNN
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: PSTD ( ) Delete
Name: HENDRY, DEBORAH
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STUTEVILLE, DALENE E MRS
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change ( ) Addition
Name: STUTEVILLE, THAD MR
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change ( ) Addition
Name: ANDERSON, ROSALYNN B MRS
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: PSTD (X) Change ( ) Addition
Name: HENDRY, DEBORAH M MRS
Address: 209 RHAPSODY AVE.
City-St-Zip: LAKE PLACID, FL 33852

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: DEBORAH HENDRY MRS 04/12/2007
Electronic Signature of Signing Officer or Director Date