
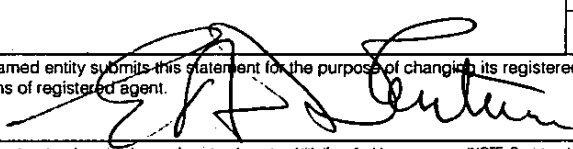
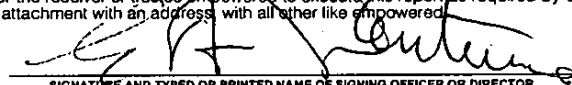


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 014 ***150.00

DOCUMENT # P35299					
1. Entity Name ED DANTUMA ENTERPRISES, INCORPORATED					
Principal Place of Business 217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-1997272				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOWMAN, WILLIAM R ESQ. ZIMMERMAN, SHUFFIELD, KISER, & SUTCLIFFE 315 E. ROBINSON ST., SUITE 600 ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) SHUFFIELDLOWMAN 1000 LEGION PLACE, SUITE 1700 City ORLANDO FL Zip Code 32801		
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 FEB 8, 2006		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANTUMA, EDWARD F.	NAME			
STREET ADDRESS	30001 SUNSET POINT	STREET ADDRESS			
CITY-ST-ZIP	TAVARES, FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANTUMA, PERSIS A.	NAME			
STREET ADDRESS	30001 SUNSET POINT	STREET ADDRESS			
CITY-ST-ZIP	TAVARES, FL	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANTUMA, DIRK	NAME			
STREET ADDRESS	59 IRVINE PARK	STREET ADDRESS			
CITY-ST-ZIP	ST. PAUL, MN 55102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANTUMA, JEFF	NAME			
STREET ADDRESS	8437 RIVER BRANCH PL.	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHANG, BRENDA	NAME	SCHANG, BRENDA		
STREET ADDRESS	27550 S.W. 168TH AVE.	STREET ADDRESS	217 N. WESTMONTE DR., # 2012		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANTUMA, DRIES	NAME			
STREET ADDRESS	8455 RIVER BRANCH PLACE	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32771	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: 			Date FEB 8 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		