2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 220767

1. Entity Name DAN-HOW CORP.



Principal Place of Business

17653A ASHBOURNE LANE BOCA RATON, FL 33496 US Mailing Address

17653A ASHBOURNE LANE BOCA RATON, FL 33496 U

FILED Feb 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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4. FEI Number	Applied For
59-0951473	Not Applicable
	A0.55

5. Certificate of Status Desired

01182007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

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

SILVERMAN GERALD 28 W FLAGLER ST MIAMI, FL

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No Chg-P

	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. the obligations of registered agent.	I am familiar with, and accept
SI	IGNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE RALBY, MARILYN NAME 17653A ASHBOURNE LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE PD RALBY.HOWARD NAME STREET ADDRESS 17653A ASHBOURNE LANE CITY-ST-ZIP BOCA RATON, FL 33496 NAME STREET ADDRESS

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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.

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

Marelyse Kalley SIGNATURE AND THE OF PRINTED NAME OF SIGNIN

MARILYN OFFICER OR DIRECTOR RALBY

1/18/0-

561-241-3040