## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 01, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # 259805 INC. OF DAYTONA						
Principal Place of Business  2209 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118-5319  Mailing Address  2209 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118-53			319	\$ 100 H ( 5 ) W ( 6 )	r millim kinkan kankli makan alik a	/銀行 電流電池 無用電影 電視電影 電視電影 医小腹膜炎 佐 小衛衛科	
DO NOT WRITE IN THIS SPACE				01302006 No Chg-P CRZE034 (11/05)  4. FEI Number Applied For S9-0977227 Not Applicable  5. Certificate of Status Desired \$3.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  L.A. GORNTO, JR. ESQ.  149 S. RIDGEWOOD AVE. SUITE 550  DAYTONA BEACH, FL 32114				DO NOT WRITE IN THIS SPACE			
5. 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							
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be dded to Fees	05/12/ <b>0</b> 8	0546359 80005-015 150,00	
10.  ITTLE HAME STREET AUDRESS CITY-ST-CIP TITLE HAME	OFFICERS AND E PD BAZEMORE, JAMES L 2209 SOUTH ATLANTIC AVE. DAYTONA BEACH, FL	IRECTORS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	}	
TITLE NAME STREET ADDRESS CHY-SI-ZIP				IN T	THIS SP	ACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME SIREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not quality 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 receivance trustee empowered 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 a differ like empowered.							