2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Feb 05, 2007 08:00 AM **DOCUMENT #516091 Secretary of State** 1. Entity Name DARROCH INCORPORATED Principal Place of Business Mailing Address 11883 HIGH TECH AVE 3252 LAKEVIEW OAKS DR. ORLANDO, FL 32817 LONGWOOD, FL 32779 US CR2E034 (11/05) 01/52907 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1698559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DARROCH, D. GREGORY DO NOT WRITE 3252 LAKEVIEW OAKS DRIVE LONGWOOD, FL 32779 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable #UCTE_Registered Aper tragosture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE DARROCH, D. GREGORY NAME 3252 LAKEVIEW OAKS DR. STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 VSD TITLE U00000620470 02/09/07-80037-024 150.00 DARROCH, ROBERT M. NAME 2200 CENTURY PKWY NE 10TH FLOOR STREET ADORESS CITY-ST-ZIP ATLANTA, GA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-2iP TITLE NAME STREET ADDRESS 277 - 51-21P

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes of 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 it made under early 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ≤

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Grey Darroch

1-25-07

457-380-0441

Daylinic Phone #

FILED