

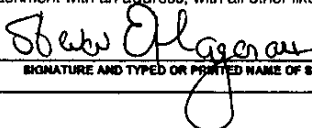


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 521109 1. Entity Name DAYTON ANDREWS SERVICES, INC.			
Principal Place of Business 2388 GULF TO BAY BOULEVARD CLEARWATER, FL 33765		Mailing Address 2388 GULF TO BAY BOULEVARD CLEARWATER, FL 33765	
DO NOT WRITE IN THIS SPACE			
			
		01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1723139	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGENAU, STEVEN E 1803 LONGVIEW LANE TARPON SPRINGS, FL 34689		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, C TAYLOR 6161-86TH AVE N. PINELLAS PARK, FL 33782		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, DAYTON T. 440 COUNTRY CLUB ROAD BELLEAIR, FL 33756		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, ALFRED B 2225 KENT PL. CLEARWATER, FL 33764		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGENAU, STEVEN E. 1803 LONGVIEW LANE TARPON SPRINGS, FL 34689		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  STEVEN E. HAGENAU		1/4/07 727-799-4539	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	