2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 521686

1. Entity Name
DAVIT MASTER CORP.

Principal Place of Business	Mailing Address
5560 ULMERTON ROAD CLEARWATER, FL 33760	5560 ULMERTON ROAD CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1706179	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WILLIAM R.
5560 ULMERTON RD.
CLEARWATER, FL 33520

DEABREU, CHERYL A
1934 Dyer Rd
33760 Tampa, FL 33618

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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 _Cheryl DeAbreu_ Cheryl DeAbreu, Pres.   3-12-07

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DEABREY, MICHAEL C *DEABREU*
STREET ADDRESS	2045 EAST BAY DR. #644
CITY-ST-ZIP	LARGO, FL 33771
TITLE	ST
NAME	SANTORO, RITA L
STREET ADDRESS	3135 CHARTER CLUB DR 301 H
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	P
NAME	DEABREU, CHERYL A
STREET ADDRESS	1934 DYER RD.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Cheryl DeAbreu_ Cheryl DeAbreu, Pres   3-12-07   727-573-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #