2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #548424

1. Entity Name

DAVÉ KOWNACK, INC.

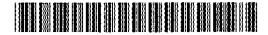


FILED Apr 07, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

10633 RABBIT DRIVE NEW PORT RICHEY, FL 34654 10633 RABBIT DRIVE NEW PORT RICHEY, FL 34654



01242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1818564

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KOWNACK, DAVE 10633 RABBIT DRIVE NEW PORT RICHEY, FL 34654				DO NOT WRITE IN THIS SPACE		
 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 trie if applicable (NOTE. Registered			stered Agera signature	Agons signature required when renatising)		
FiL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fl Trust Fund Contribution		\$5.00 May Be Added to Fees		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP SITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD KOWNACK, DAVE 10633 RABBIT DRIVE NEW PORT RICHEY, FL TS KOWNACK, DAVE 10633 RABBIT DRIVE NEW PORT RICHEY, FL V KOWNACK, DAVE 10633 RABBIT DR. NEW PT RICHEY, FL NEW PT RICHEY, FL	TORS		000000496036 04/21/06-80035-004 150.00 DO NOT WRITE		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE HAME				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: David Kowneels

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 727-457-2288