


FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 014 ***558.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004454			
1. Entity Name DENSCHAW, INC. / delete			
Principal Place of Business 3947 W. SLAUSON AVENUE LOS ANGELES, CA 90043		Mailing Address 3947 W. SLAUSON AVENUE LOS ANGELES, CA 90043	
2. Principal Place of Business 1973W 48Th. St. Suite, Apt. #, etc.		3. Mailing Address 1973W 48Th. St. Suite, Apt. #, etc.	
City & State LOS ANGELES, CA		City & State LOS ANGELES, CA	
Zip 90062-2104		Zip 90062-2104	
Country LOS ANGELES		Country LOS ANGELES	
4. FEI Number 91-1943147		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MITCHELL, ADRIAN 210 S. GOLFCOURSE RD. HURLBURN FIELD, FL 32544		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, SHARON 3947 SLAUSON AVENUE LOS ANGELES, CA 90043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COLEMAN, SHARON 1973W 48Th. St. LOS ANGELES, CA 90062-2104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Sharon Coleman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>8/10/06</u> Daytime Phone: _____	