2008 FOR PROFIT CORPORATION ANNUAL REPORT					FILED			
DOCUMENT # F04265 1. Entity Name DALEY INCORPORATED				Jan 14, 2008 08:00 AI Secretary of State				
Principal Plac 3046 WALDE TALLAHASSE	IN ROAD 3	ailing Address 8046 WALDEN ROAD ALLAHASSEE, FL 32311-790)5	 	O FAIL MIRKE HALL OUT OF THE			
DO NOT WRITE IN THIS SPACE				01102008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 25-1290868 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ZADAKIS, JOHN 3046 WALDEN ROAD TALLAHASSEE, FL 32311				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 or registered agent and the f applicable. (NOTE: Registered Agent signature required when rematating) DATE								
FILE NOWIJI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE D DALEY, JULIA RT 1 BOX 3185C,TROPICAL BONITA SPRINGS, FL 00000,	CTORS						
TITLE NAME STREET ADDRESS CITY - ST-ZIP	D DALEY, ANTHONY J RT 1 BOX 3185C,TROPICAL BONITA SPRINGS, FL 00000,				U000007/ 01/16/08-8	34106 8043-0	02 150.00	
TATLE NAME STREET ADDRESS CITY-SI-ZIP	DV ZADAKIS, JOHN 3046 WALDEN RD TALLAHASSEE, FL 00000,							
TITLE NAME Street adoress City-st-zip				IN	THIS SP	ACE		
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 cath; 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: TOHN ZADAKIS 1-9-08 850-877-7580 SIGNATURE AND TYPED OR PRINTED NAME OF SKONDIG OFFICER OF DIRECTOR Date Date Dayone Phone #								