

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 044 ***150.00

DOCUMENT # F05000004826

1. Entity Name
DASH911 SOLUTIONS, INC.



Principal Place of Business
**3500 CLEVELAND ST
HOLLYWOOD, FL 33021**

Mailing Address
**3500 CLEVELAND ST
HOLLYWOOD, FL 33021**



2. Principal Place of Business
**639 East 18th Ave
Suite 110
Denver CO**

3. Mailing Address
**639 East 18th Ave
Suite 110
Denver CO**

01102006 Chg-P CR2E034 (11/05)

Zip **80203** Country **USA**

Zip **80203** Country **USA**

4. FEI Number **20-3261846** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**CHATTERSON, RALPH
3500 CLEVELAND ST
HOLLYWOOD, FL 33021**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	GIAGNOCAVO, GREGORY	
STREET ADDRESS	7949 NW 64TH ST P127	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHATTERSON, RALPH	
STREET ADDRESS	3500 CLEVELAND ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIAGNOCAVO, MICHAEL	
STREET ADDRESS	300 EAST 17TH AVE, APT 726	
CITY-ST-ZIP	DENVER, CO 80203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3500 Cleveland ST	
STREET ADDRESS	Hollywood FL 33021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 JAN 06 **954**
989 9753
Date Daytime Phone #