2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 03, 2008 8:00 am Secretary of State 09-03-2008 90004 022 ***150.00

1. Entity Nam	MENT # F0500000 DAY FL, INC.	500	1				A		08 90004 0:	22 ***15	0.00
Principal Place of Business 400 REDLAND COURT SUITE 114 OWINGS MILLS, MD 21117		9	Mailing Address 400 REDLAND COURT SUITE 114 OWINGS MILLS, MD 21117				40112028				
2. Principal Place of Business - No PO Box #			3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				07222008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State				4. FEi Numb 20-322				plied For it Applicable
Zip Country		***************************************	Zip Coul		itry	5. Certificate of		of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
	PORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324											
					City				FL	Zip Cod	9
	named entity submits this statement	tor the	curpose of changing its	s register	ed office or	register	ed agent, or bo	th, in the State of		amiliar with,	and accept
	lions of registered agent										
SIGNATURE	Signature, typed or printed liamilial registered agr	uri and title	d applicable (NOT	IE Repistore	o Agun; signat	are required	i when reinstating)		DATE	THE W. E. A.	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008		9. Election Campa Trust Fund Con	***	ncing		.00 May Be ed to Fees	In accordance corporation d			
10.	OFFICERS AN				ADDITIONS	CHANGES TO C	FFICERS AND				
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delete TIR BALDOCK, KRIS HAM 400 REDLAND COURT OWINGS MILLS, MD 21117									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 REDLAND COURT S				E IE IET ADDRESS '-ST-ZIP		FO Change PAddi Litoria Jemanie Luc Relland CT Lings Millymo 21117				
TITLE NAME STREET ADDRESS CITY-ST-7IP	S COX, MELANIE 400 REDLAND COURT OWINGS MILLS, MD 21117		☐ Defete				- 9 7 - 1-31-4	<i>y</i> .v -11(_1		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate							☐ Change	☐ Addition
indicated of the cor changed	certify that the information supplied we can this report or supplemental report poration or the receiver or trustee en , or on an attachmen with an address	t is true npowere	and accurate and that ed to execute this repor	my signa t as requ	iture shall h	ave the	same legal effe 7, Florida Statuti	ct as if made und	er oath; that I a	am an officer	or director
SIGNAT	SIGNATURE AND TYPED O	R PRINTE	D NAME OF SIGNING OFFICER	R OR DIREC	TOR			- jvj Dre		avime Hiche #	