

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 044 ***163.75



DOCUMENT # F07000006347

1. Entity Name
 DAX, INC.

Principal Place of Business
 5 TANKARD LN
 WASHINGTON CROSSING, PA 18977

Mailing Address
 5 TANKARD LN
 WASHINGTON CROSSING, PA 18977

DO NOT WRITE IN THIS SPACE

TULIPAO



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2816182	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, ANDRE W
 13700 NW 19TH AVE BAY 2 & 3
 OPA LOCKA, FL 33054

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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 ANDREW ATKINSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/15/08
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CV
NAME	FAIBYSHEV, ALEX
STREET ADDRESS	5 TANKARD LN
CITY-ST-ZIP	WASHINGTON CROSSING, PA 18977
TITLE	P
NAME	FAIBYSHEV, ALLA
STREET ADDRESS	5 TANKARD LN
CITY-ST-ZIP	WASHINGTON CROSSING, PA 18977
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: ALLA FAIBYSHEV 07/18/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #