
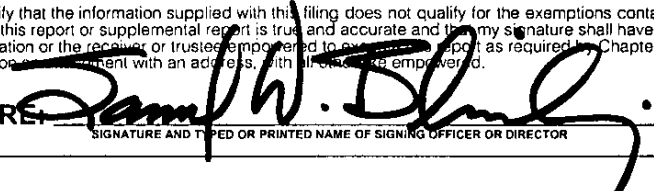


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90057 003 \*\*\*158.75

<b>DOCUMENT # F33440</b> 1. Entity Name <b>DAG ARCHITECTS, INC.</b>			
Principal Place of Business <b>1223 AIRPORT ROAD SUITE #104 DESTIN, FL 32541 US</b>		Mailing Address <b>PO BOX 1395 1223 Airport Rd DESTIN, FL 32541 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1223 Airport Road</b> Suite, Apt. #, etc.	
City & State		City & State <b>Destin, FL</b>	
Zip	Country	Zip <b>32541</b>	Country <b>US</b>
4. FEI Number <b>59-2073995</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER, JACK D 289 BEACHVIEW DRIVE, NE. FORT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BLIMLING, SAMUEL W 3655 SCENIC HIGHWAY 98, 701 B DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CLARY, CHARLES W III 44 TRANQUILITY LANE DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BAKER, JACK D 289 BEACHVIEW DRIVE, NE FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>BALLASCH, PATRICK L 2441 DUNCAN DRIVE NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>JOHNSON, ROBERT E 513 RUE DE MAR SEILLES MARY ESTHER, FL 32569</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GODWIN, ROGER T 22107 MARSH RABBIT RUN PANAMA CITY BEACH, FL 32413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 a document with an address, with all other officers and directors.			
SIGNATURE 		Date <b>2/22/06</b> Daytime Phone # <b>850.837.8152</b>	