
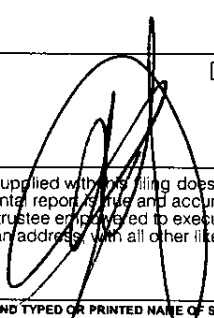


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90033 006 \*\*\*150.00

<b>DOCUMENT # F84296</b>					
1. Entity Name DANRON MANAGEMENT INC.					
Principal Place of Business 2121 N.W. 139TH STREET BAY #1 OPA LOCKA, FL 33054 US			Mailing Address 2121 N.W. 139TH STREET BAY #1 OPA LOCKA, FL 33054 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03052007 Chg-P CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-2194958	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAVSIE, RONALD 2121 N.W. 139TH STREET BAY #1 OPA LOCKA, FL 33054				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 _____ <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</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLER, DAN		NAME	HANDLER, DAN	
STREET ADDRESS	5670 CORPORATE WAY		STREET ADDRESS	3200 BURGANDY DR. NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVSIE, RONALD		NAME		
STREET ADDRESS	2121 NW 139TH ST		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>RONALD GAVSIE</b>		
			Date: <b>3/6/07</b>		Daytime Phone #: <b>305-687-6080</b>