2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004086

Entity Name: DAIS ANALYTIC CORPORATION

SCHWARTZ, ROBERT

LATHAM, NY 12110

8 AIRPORT PARK BLVD.

Name:

Address:

City-St-Zip:

FILED Mar 06, 2007 Secretary of State

Entity Na	Me: DAIS AN	IALYTIC CORPORATION					
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:			
	OSPEROUS [FL 33556	DR US					
Current N	lailing Addre	ss:	New Mail	New Mailing Address:			
	OSPEROUS [FL 33556	DR US					
FEI Number	: 14-1760865	FEI Number Applied For () FEI Number Not App	licable ()	Certificate of Status Desire	ed ()	
Name and	d Address of	Current Registered Ager	nt: Name and	Name and Address of New Registered Agent:			
4326 CLAI	DI, TIMOTHY IRIDGE WAY RBOR, FL 34	685 US	10416 PO	TANGREDI, TIMOTHY 10416 PONTOFINO CIRCLE NEW PORT RICHEY, FL 34655 US			
	e named entity e of Florida.	submits this statement for	the purpose of changing	its registered o	office or registered agent	, or both,	
SIGNATUI	RE:			03/06/2007			
	Electro	nic Signature of Registere	d Agent		Date		
Election Ca	mpaign Financir	ng Trust Fund Contribution()).				
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VS (BROWN, ROB 3101 GLENEA CLEARWATER	GLES DRIVE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	KAZYAKA, RA	NS LANE NORTH	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	PDT (TANGREDI, TI 4326 CLAIRID PALM HARBO	GE WAY	Title: Name: Address: City-St-Zip:	TANGREDI, TII 10416 PONTO			
Title:	D () Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY TANGREDI PDT 03/06/2007