## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004086

**Entity Name: DAIS ANALYTIC CORPORATION** 

FILED Jun 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11552 PROSPEROUS DR ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 11552 PROSPEROUS DR ODESSA, FL 33556 FEI Number: 14-1760865 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TANGREDI, TIMOTHY 10416 PONTOFINO CIRCLE NEW PORT RICHEY, FL 34655 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change ( ) Addition BROWN, ROBERT BROWN, ROBERT Name: Name: 3101 GLENEAGLES DRIVE 3101 GLENEAGLES DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: Title: () Delete () Change () Addition Name: KAZYAKA RAY Name: 62 ST. STEVENS LANE NORTH Address: Address: GLENVILLE, NY 12302 City-St-Zip: City-St-Zip: Title: Title: PDT () Delete PD (X) Change ( ) Addition TANGREDI, TIMOTHY TANGREDI, TIMOTHY Name: Name: 10416 PONTOFINO CIRCLE 10416 PONTOFINO CIRCLE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655 Title: () Delete Title: () Change () Addition SCHWARTZ, ROBERT Name: Name: Address: 8 AIRPORT PARK BLVD. Address: City-St-Zip: LATHAM, NY 12110 City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete Name: Name: MANDELBAUM, HAROLD Address: PO BOX 374, LENOX HILL STATION Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10021 Title: () Delete Title: ( ) Change (X) Addition EHRENBERG, SCOTT Name: Name: Address: Address: 1844 KINSMERE DRIVE City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34655

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.

SIGNATURE: TIMOTHY TANGREDI PD 06/30/2009

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

Date