2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # G18175 1. Entity Name DAPAMA, INC. Principal Place of Business Mailing Address 1393 S.W. 1ST STREET #200 1393 S.W. 1ST STREET #200 MIAMI, FL 33135 MIAMI, FL 33135 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2405966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent MCDONALD, DAVID M DO NOT WRITE 1393 S.W. FIRST STREET IN THIS SPACE SUITE 200 MIAMI, FL 33135 ta beat and find the 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. U00000894348 04/24/08-80025-007 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE MCDONALD, DAVID NAME STREET ADDRESS 1393 S W 1ST ST #200 CITY-ST-ZIP MIAMI, FL 00000, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP 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 in 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP