2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # G96314 1. Entity Name DAHAPA, INC.		# G96314	Fed (€in)	··-			Jan 31, Secr	2006 etary		
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Principal Place of Business		,	Mailing Address			-				
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2. Principal Place of Business		\$s	3. Mailing Address			1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/05)	
City & State			City & State			4. FEI Numb	⁵⁹⁻²³⁹⁸⁷⁷	0	<u> </u>	ophed For ot Applicat
Zip · Co		Country	Zip Count		stry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name a	nd Address of Current T	Registered Agent			7. Name an	d Address of New			
001	TRAKE IC	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	· .		Name					
COLEMAN, JOHN CHARLES 2300 MCGREGOR BOULEVARD FORT MYERS FL 33901					Street Address (P.O. Box Number is Not Acceptable)					
	,, ,,,,,				City			FL	Zip Cnd	ie .
9 The above	aamad ontibu	eubmite this statement for	the purpose of changing i	ite reinieter	ed office or registe	red agent or b	oth in the State of F		miliar with	and acce
	tions of registe			no regione.						
SIGNATURE .	Signature, typed o	printed name of registered agent a	ind title if applicable (Ni	OTE Registere	d Agent signature recults	id when reinstating)		DATE	2.	<u> </u>
F	ILE NOW!!!	FEE IS \$150.00					9. Election Camp	naign Financini	95	00 May 0
After	May 1, 2006	Fee Will Be \$550.00 Florida Department of					Trust Fund Co	-		ed to Fees
10.	1, ujusio 10.	OFFICERS AND		11.		ADDITIONS	(S/CHANGES TO OF	FICERS AND D	DIRECTOR	SIN 11
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12. I hereby indicated of the co if change	certify that the don this report arporation or the ed, or on an at	Information supplied with or supplemental report is e receiver or trustee emp tachment with an address	n this filing does not qualif true and accurate and the cowered to execute this rep s, with all other like empoy	ly for the ex at my signa port as requ vered	xemptions contain ature shall have the uired by Chapter 6	ed_in Section 1 e same legal eff 307, Florida Stat	19, Florida Statutes, ect as if made under tutes; and that my na	I further certil roath, that I ar ame appears in	y that the in an officer Block 10	informatic r or direct or Block

1-25-06 941-639-6442

Daytime Phone #

La CLAST. WOLLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE: 1