2007 FOR PROFIT CORPORATION

FILED Apr 16, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # H39494 STRAHAN OF DAYTONA BEACH, INC. Principal Place of Business Maiting Address 9 S WILD OLIVE AVE 705 MAIN ST DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 No Chg-P CR2E034 (11/05) 01252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2576122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOAN, THERESA S. 1010 BIG TREE ROAD SOUTH DAYTONA, FL 32119 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOAN, MITHERESA NAME UN0000710547 1020-1050 BIG TREE RD. STREET ADDRESS 04/25/07-80046-023 150.00 CITY-ST-ZIP SOUTH DAYTONA, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DDE

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:

NAME STREET ADDRESS CITY-ST-ZIP

MING OFFICER OR DIRECTOR