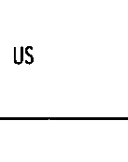


FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # H39494		Secretary of State	
1. Entity Name STRAHAN OF DAYTONA BEACH, INC.			
Principal Place of Business 705 MAIN ST DAYTONA BEACH, FL 32118 US		Mailing Address 9 S WILD OLIVE AVE DAYTONA BEACH, FL 32118 US	
DO NOT WRITE IN THIS SPACE		01282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2576122	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DOAN, THERESA S. 1010 BIG TREE ROAD SOUTH DAYTONA, FL 32119		DO NOT WRITE 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.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	PD DOAN, M THERESA	
STREET ADDRESS	CITY - ST - ZIP	1020-1050 BIG TREE RD. SOUTH DAYTONA, FL	
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		
STREET ADDRESS	CITY - ST - ZIP		
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: _____		Date: <u>3/28/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>386-248-1611</u>	