

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H90183

Entity Name: DALLAS 1 CORPORATION

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

10328 MAIN ST
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 249
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 59-2610376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AZZARELLI, BARTLE J III
10328 MAIN STREET
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANCASTER, PAUL
Address: 508 PINEWALK DRIVE
City-St-Zip: BRANDON, FL 33510

Title: TRS () Delete
Name: AZZARELLI, CYNDI
Address: 5305 ALOHA SEED DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: EISCH, TED
Address: 5601 GULF OF MEXICO DRIVE #5
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SEC () Delete
Name: AZZARELLI, JAN
Address: 6320 112TH AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VPD () Delete
Name: AZARRELLI, BARTLE J III
Address: 5305 ALOHA SEED DRIVE
City-St-Zip: SEFFNER, FL 33584

Title: CEO () Delete
Name: AZZARELLI, BARTLE J JR
Address: 6320 112TH AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CONNIE HONEY

CNTR

05/25/2007

Electronic Signature of Signing Officer or Director

Date