2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# H93693

Entity Name: CHERYL DANBOISE, INC.

Current Principal Place of Business:

2843 W. LIVINGSTON STREET
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

2843 W. LIVINGSTON STREET
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 59-2655458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLAS, ALAN
2843 W. LIVINGSTON STREET
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

DOUGLAS, LILLIAN
2843 W. LIVINGSTON STREET
ORLANDO, FL 32805 US

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: LILLIAN DOUGLAS 04/12/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOUGLAS, LILLIAN
Address: 2943 W. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32805 US

Title: VPD ( ) Delete
Name: DOUGLAS, STEVEN,
Address: 5625 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809 US

Title: T ( ) Delete
Name: DOUGLAS, LILLIAN,
Address: 2843 W. LIVINGSTON ST
City-St-Zip: ORLANDO, FL 32805 US

Title: SD ( ) Delete
Name: DOUGLAS, ALAN,
Address: 2843 W. LIVINGSTON ST
City-St-Zip: ORLANDO, FL 32805 US

Title: D ( ) Delete
Name: DANBOISE, CHERYL
Address: 1922 WINDWILLOW RD
City-St-Zip: ORLANDO, FL 32809 US

Title: D ( ) Delete
Name: DANBOISE, THOMAS
Address: 1928 WINDWILLOW RD
City-St-Zip: ORLANDO, FL 32809 US

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
Name:
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 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: LILLIAN DOUGLAS PD 04/12/2006
Electronic Signature of Signing Officer or Director Date