2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2007 08:00 AM DOCUMENT # J72866 1. Entity Namo **Secretary of State** DAILEY COMMUNICATIONS, INC. Principal Place of Business Mailing Address 323 2ND STREET N ST. PETERSBURG FL 33701 323 2ND STREET N ST. PETERSBURG FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 59-2805556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DAILEY, RICHARD R. 3850 SHOREACRES BLVD., N.E. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33703 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIE ☐ Delete Change DAILEY, RICHARD R. NAME NAME U00000638620 3850 SHOREACRES BLVD. NE STREET ADDRESS STREET ADDRESS 02/27/07-80038-017 150.00 ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIFLE ☐ Change Addition DAILEY, RICHARD R. NAME NAME 3850 SHOREACRES BLVD, NE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY - ST-ZIE CITY-S1-7IP HILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete IIITE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

FILED