2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# K25358

Entity Name: DAVINGTON ASSOCIATES, INC.

Current Principal Place of Business:

210 TILDENS STREET NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

210 TILDENS STREET NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2915618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, FREDDIE L
239 ECHO CIRCLE
FORT WALTON BEACH, FL 32548 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: WILSON, TANYA D
Address: 218 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete
Name: DAVIS, WANDA P
Address: 2015 ERWING CIRCLE #5-104
City-St-Zip: OCOEE, FL 34761

Title: EX-S ( ) Delete
Name: DAVIS, EUNICE B
Address: 239 ECHO CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: P ( ) Delete
Name: DAVIS, FREDDIE L
Address: 239 ECHO CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD (X) Delete
Name: DAVIS, CONNIE J
Address: 1058 DOLPHINE DR
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: FREDDIE L. DAVIS PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date