2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** May 02, 2007 08:00 A Secretary of State DOCUMENT # K86588 1. Entity Name W. W. DAYTAN, INC. Principal Place of Business Mailing Address 608 SOUTHWEST 76 TERRACE 608 SOUTHWEST 76 TERRACE NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 CR2E034 (11/05) No Chg-P 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0229372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLAZO, WILLIAM DO NOT WRITE 608 SW 76TH TERRACE N. LAUDERDALE, FL 33068 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees <u>U00000754430</u> 10. OFFICERS AND DIRECTORS 05/22/07-80060-018 150.00 TITLE NAME COLLAZO, WILLIAM STREET ADDRESS 608 SW 76TH TERRACE CITY-ST-7(P N. LAUDERDALE, FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-2IP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME - --STREET ADDRESS
CITY-ST-ZIP --

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Pres

4-29-07 (954)722594

IN THIS SPACE

Daytime Phone