## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2008 08:00 AN Secretary of State DOCUMENT # L07636 1. Entity Name UFF DAA, INC. Control Carlotta of Later Mailing Address Principal Place of Business LA QUINTA INN COCOA BEACH LA QUINTA INN COCOA BEACH 1275 N. ATLANTIC AVE. 1275 N. ATLANTIC AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 CR2E034 (11/05) No Chg-P 04302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2959040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TURK, DONNA 1275 N. ATLANTICA AVE. IN THIS SPACE COCOA BEACH, FL 32931 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) \$5.00 May Be. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U000000942225 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TURK, DONNA STREET ADDRESS 4656 ORCHARD AVENUE **SAN DIEGO, CA 92107** CITY-ST-ZIP TITLE TURK, DONNA NAME 4656 ORCHARD AVENUE STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92107 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 321-78378

Daytime Phone #

**FILED**