


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90170 021 ***150.00

DOCUMENT # L65260 1. Entity Name DACO ENTERPRISES, INC.	
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Principal Place of Business P.O. BOX 54 CANTONMENT, FL 32533	Mailing Address P.O. BOX 54 CANTONMENT, FL 32533 US
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DO NOT WRITE IN THIS SPACE

40026406



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3011876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAFT, SHIRLEY C 590 EARL GENE RD CANTONMENT, FL 32533	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAFT, SHIRLEY C. 590 EARL GENE RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SANDRA E. 570 EARL GENE RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, SHARON Y. 560 EARL GENE ROAD 11023 Willingham DR SW CANTONMENT, FL HUNTSVILLE, AL 35803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sharon Y. Dubose 2-23-06 (256) 881-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #