266 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jul 06, 2006 08:00 AM **DOCUMENT # M50833 Secretary of State** 1. Entity Name DATON SYSTEMS CORP. Mailing Address Principal Place of Business 244 SHOPPING AVE. 244 SHOPPING AVE. 320 320 SARASOTA, FL 34237 SARASOTA, FL 34237 US CR2E034 (11/05) 07032006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2813400 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent James W DODDS, WILLIAM DO NOT WRITE 244 SHAPPING AVE #320 SARASOTA, FL 34237 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. SIGNATUR printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Applied For

Not Applicable

Trust Fund Contribution. OFFICERS AND DIRECTORS 10. **PSD** TITLE DODDS, JAMES W NAME 244 SHOPPING AVE. #320 STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-712

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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 the province of the corporation of 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 the province of the corporation of the receiver or trustee empowered.

SIGNATURE

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR