



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90333 001 ***158.75

DOCUMENT # M67718								
1. Entity Name DAN'S PORSHOP, INC.								
Principal Place of Business 7630 INDUSTRIAL STREET W MELBOURNE, FL 32904 US			Mailing Address 7630 INDUSTRIAL STREET W MELBOURNE, FL 32904 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 59-2882984 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For								
Not Applicable								
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04122007 Chg-P CR2E034 (12/06)				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
CLEARY, DANIEL R. 7630 INDUSTRIAL ST WEST MELBOURNE, FL 32904			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
			City					
			FL Zip Code					
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CLEARY, DANIEL R.		NAME					
STREET ADDRESS	7630 INDUSTRIAL ST		STREET ADDRESS					
CITY-ST-ZIP	WEST MELBOURNE, FL		CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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: 		DANIEL R. CLEARY 4/12/07 321-724-2059 Date Daytime Phone #						