


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M88973 1. Entity Name DYAL CORP.	
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Principal Place of Business 4409 ALTON RD. MIAMI BEACH, FL 33140	Mailing Address 4409 ALTON RD. MIAMI BEACH, FL 33140
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01062006 No Chg-P CR2E034 (11/05)

NOTE IN THIS SPACE

4. FEI Number 65-1096199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DONAEVSKY, DOV
4409 ALTON RD.
MIAMI BEACH, FL 33140**

7. Signature of Registered Agent

[Signature]

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	VSD DONAEVSKY, DOV 4409 ALTON RD. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RESNICK, JAMES 1228 ALTON RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director

[Signature]

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04/11/06-80099-022 150.00

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: *[Signature]* **3/24/06 (305) 536-9551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #