2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# N02000001309

Entity Name: THE D.A.P. PROGRAM, INC.

Current Principal Place of Business:

202 OSCEOLA STREET
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680539
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 32-0010322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNEZ, ALEJANDRO ESQ
250 GIRALDA AVE 2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RIVERA, VICTOR R	
Address:	PO BOX 680539	
City-St-Zip:	ORLANDO, FL 32868	
Title:	VP	( ) Delete
Name:	MURPHY, PAT	
Address:	PO BOX 2333	
City-St-Zip:	MINNEOLA, FL 34755	
Title:	VP	( ) Delete
Name:	RIVERA, JOE PASTOR	
Address:	PO BOX 593804	
City-St-Zip:	ORLANDO, FL 32859	
Title:	SM	( ) Delete
Name:	FLOWERS, BRUCE E	
Address:	11243 LAKE CIRCLE DRIVE	
City-St-Zip:	CLERMONT, FL 34715	
Title:	T	( ) Delete
Name:	SALDANA, YESMIRA	
Address:	1640 EAST AVE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	S	( ) Delete
Name:	MURPHY JR., WILLIAM J	
Address:	202 E. OSCEOLA ST.	
City-St-Zip:	MINNEOLA, FL 34715	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT MURPHY VP 02/09/2007
Electronic Signature of Signing Officer or Director — Date