

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010518

FILED  
May 30, 2005  
Secretary of State

Entity Name: D.A.W.N. INC.

**Current Principal Place of Business:**

P.O. BOX 85  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 81-0642459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RALPH, VALERIE  
1009 S BAYSHORE BLVD  
#203  
SAFETY HARBOR, FL 34695 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: PCEO ( ) Delete  
Name: RALPH, VALERIE  
Address: PO BOX 85  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD ( ) Delete  
Name: CURTIS, MONIQUE  
Address: P.O. BOX 85  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD ( ) Delete  
Name: COOPER, GWEN  
Address: PO BOX 6052  
City-St-Zip: TAMPA, FL 33608

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: GWEN COOPER

STD

05/30/2005

Electronic Signature of Signing Officer or Director

Date