2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003223

Entity Name: DANIELLA'S JOURNEY, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1059 SE 6TH AVENUE DANIA BEACH, FL 33004

Current Mailing Address: New Mailing Address:

1059 SE 6TH AVENUE DANIA BEACH, FL 33004

FEI Number: 26-2323558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BOWER, TANYA L ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FT LAUDERDALE, FL 33301 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition

 Title:
 D
 () Delete
 Title:
 DP
 (X) Change (

 Name:
 FOLLECO, ITALIA
 Name:
 FOLLECO, ITALIA

 Address:
 1059 SE 6TH AVENUE
 Address:
 1059 SE 6TH AVENUE

 City-St-Zip:
 DANIA BEACH, FL 33004
 City-St-Zip:
 DANIA BEACH, FL 33004

Title: D () Delete Title: DV (X) Change () Addition Name: FOLLECO, ANDRES Name: FOLLECO, ANDRES

 Name:
 FOLLECO, ANDRES
 Name:
 FOLLECO, ANDRES

 Address:
 1059 SE 6TH AVENUE
 Address:
 1059 SE 6TH AVENUE

 City-St-Zip:
 DANIA BEACH, FL 33004
 City-St-Zip:
 DANIA BEACH, FL 33004

Title: D () Delete Title: DT (X) Change () Addition Name: O'BYRNE, KAREN Name: O'BYRNE, KAREN

 Name:
 O'BYRNE, KAREN
 Name:
 O'BYRNE, KAREN

 Address:
 1059 SE 6TH AVENUE
 Address:
 1059 SE 6TH AVENUE

 City-St-Zip:
 DANIA BEACH, FL 33004
 City-St-Zip:
 DANIA BEACH, FL 33004

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MONTAGUE, NAOMI

 Address:
 Address:
 1059 SE 6TH AVENUE

 City-St-Zip:
 City-St-Zip:
 DANIA BEACH, FL 33304

I hereby certify that the information supplied with this filing does not qualify 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: KAREN O'BYRNE DT 02/05/2009