

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47201

Entity Name: DAMAYAN, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

1401 HIGH ROAD
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38401
TALLAHASSEE, FL 323158401 US

New Mailing Address:

FEI Number: 59-3113153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRAPA, ELIZABETH
645 BEARD STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

FELLER, DANIELLE
2534 NOBLE DRIVE
TALLAHASSEE, FL 32308 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: DANIELLE FELLER

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHERRIER, JENNIFER DR
Address: 1919 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: COX, DARBI
Address: 1414 COLONIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: OAKSFORD, ED
Address: 2520 HARRIMAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MASTRAPA, ELIZABETH
Address: 645 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: PHIPPS, LAURA
Address: RT 9 BOX 195
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: FELLER, SKY
Address: 50 BLAIRSTONE ROAD
City-St-Zip: TALLAHASSEE, FL 32301

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: D (X) Change () Addition
Name: FELLER, DANIELLE
Address: 2534 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: DANIELLE FELLER

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date