2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N47201

FILED Mar 06, 2007 8:00 am Secretary of State 03-06-2007 90007 027 ****70.00

Mailing Address Applied Place of Business - No P.O. Box # A. Mailing Address Sulfe, Apl #, sto.	1. Entity Name DAMAYAN, INC.												
Sulfie, Apl. 4, etc. Sulfie, Apl. 5, etc. Sulfie Cay & State A FEI Number S9-3113153 Applied For Not Applicable S9-3113153 S9	1401 HIGH ROAD P.O. BOX 38401					5-8401 US				nt Sigli Glait Pi	2 1 81811 21811 213		
City & State City & State City & State City & State Country C	2. Principal P	Place of Busin	ness - No P.O, Box #	3. Mailin	g Address								
Signature Sign	Suite, Apt. #, etc. Sui				uite, Apt. #, etc.			01292007	Chg-NP	CR2E0	37 (12/06)		
S. Certificate of Status Desired Mark Fee Required To Name and Address of Current Registered Agent 7. Name and Address of Hew Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Plotida. I am franklar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is \$81.25 Due by May 1, 2007 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D. OX, DARBI TITLE DO OX, DARBI COY, ST-2P TALLAHASSEE, FL 32303 TITLE D. OX, DARBI OX,	· · · · · · · · · · · · · · · · · · ·								53				
FELLER, DANIELLE 2534 NOBLE DRIVE TALLAHASSEE, FL 32308 8. The above named writly submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent. SIGNATURE FILING Foe Is \$61.25 Touch Mark Open Investment for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept two obligations of registered agent, or both, in the State of Forda. Interpolation of registered agent, or both, in the State of Forda. Interpolation of registered agent, or both, in the State of Forda. Interpolation of registered agent, or both, in the State of Forda. Interpolation of registered agent, or both, in the State of Forda. Interpolation of registered agent, or both, in the State of Forda. Interp						Country			·		Fee Require		
ESTAN ONLIELE 2534 NOBLE DRIVE TALLAHASSEE, FL 32308 City City City City City FL Zip Code 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 FILING Foe is \$61.25 Due by May 1, 2007 9. Election Campelign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIR	6. Name and Address of Current Registered Agent					Nama		7. Name and A	idress of New F	logistered	Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FIIIng Fee is \$81.25 Due by May 1, 2007 Du	2534 NOBLE DRIVE												
SIGNATURE Signature, speed or private name of inclationary and the Expolicable. (NOTE Registered Agent structure inclates in source when remittating) St. 00 May Be Make check payable to Poolida Department of State						City				FL	Zip Code	a	
Signature, bysied or printed name of registered apart and the 1 sepokation.				for the purpos	se of changing its re	egistered office	or register	ed agent, or both,	in the State of Fl	orida. Iam	familiar with,	and accept	
Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE		d or printed name of registered ager	nt and title if applic	able. (NOTE I	Registered Agent sign	ature required	when reinstating)		DATE			
TITLE NAME CHERRIER, JENNIFER DR STRET ADDRESS 1919 ATAPHA NENE CITY-ST-2P TALLAHASSEE, FL 32301 TITLE DOX, DARBI STRET ADDRESS 1414 COLONIAL DRIVE CITY-ST-2P TALLAHASSEE, FL 32303 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE DOAKSFORD, ED STRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32308 TITLE C/D CAUCIA Montony 1674 Springwood Dr. Tallahassee, FL 32308 TITLE C/D CAUCIA Montony 1674 Springwood Dr. Tallahassee, FL 32308 TALLAHASSEE, FL 32308 TITLE C/D CAUCIA Montony 1674 Springwood Dr. Tallahassee, FL 32308 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 TITLE C/D CAUCIA FT-ST-2P TALLAHASSEE, FL 32303 TITLE C/D CAUCIA FT-ST-2P TALLAHASSEE, FL 32303 TITLE C/D CAUCIA FT-ST-2P TALLAHASSEE, FL 32303 TITLE C/D CAUCIA FT-ST-2P TALLAHASSEE CITY-ST-2P TALLAHASSEE, FL 32303 TITLE C/D CAUCIA FT-ST-2P TALLAHASSEE CITY-ST-2P													
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NAME PHIPPS, LAURA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 TITLE NAME FELLER, DANIELLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 NAME FELLER, DANIELLE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 NAME TALLAHASSEE, FL 32308 NAME STREET ADDRESS TALLAHASSEE, FL 32308 NAME TALLAHASSEE, FL 32308 NAME TALLAHASSEE, FL 32308 NAME TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by A CHERRIE 1919 ATA TALLAHA D COX, DAI 1414 COL TALLAHA D OAKSFO: 2520 HAF	OFFICERS AND D OFFICERS AND D ER, JENNIFER DR APHA NENE ASSEE, FL 32301 RBI LONIAL DRIVE ASSEE, FL 32303 RD, ED RRIMAN CIRCLE	IRECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T/O KIM 222 Tall 228 Qui S/O Nance 254 Tallo	Added to Fees ADDITIONS/CHAN KIL COU West Fin Idhassee, TAYLOR East Lak Acy, FL 3 y George Mendianne hassee, FL 3	Flor GES TO OFFICE RSE rs+ Aven FL 3230: e Lane 2351	rida Depar	TRECTORS IN Change	10 PAddition	
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12. Thereby certify that the information supplied with this fixing does not qualify for the exemptions contained in Chapter 119, Horida 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 eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danielle M. S. Feller 2/25/07 850-264-2624

ATTACHMENT 40030124

Deletions:

As marked on previous page: Cherrier, Jennifer and Mastrapa, Elizabeth.

Additions:

T/D Kilcourse, Kim 222 West First Avenue Tallahassee, FL

D Taylor, William 228 East Lake Lane Quincy, FL 32354

S/D George, Nancy 254 Meridianna Dr. Tallahassee, FL 32312

D Montony, Claudia 1674 Springwood Dr. Tallahassee, FL 32308

D Kiser, Alison 3989 Chaires Cross Rd. Tallahassee, FL 32317

Changes:

C/D Phipps. Laura 4975 Clippys Drive Tallahassee, FL 32303

D Cox, Darbi 647 Ingleside Avenue Tallahassee, FL 32303