

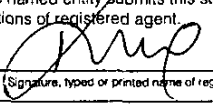
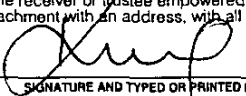


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90174 024 \*\*\*150.00

<b>DOCUMENT # P00000024548</b> 1. Entity Name <b>DASTO AMTEL, INC.</b>					
Principal Place of Business <b>5590 ULMERTON RD 200 CLEARWATER, FL 33760</b>			Mailing Address <b>5590 ULMERTON RD 200 CLEARWATER, FL 33760</b>		
2. Principal Place of Business <b>5303 EAST LONGBOAT BLVD. Suite, Apt. #, etc. TAMPA, FLORIDA</b>		3. Mailing Address <b>5303 EAST LONGBOAT BLVD. Suite, Apt. #, etc. TAMPA, FLORIDA</b>			
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>		02232005    Chg-P    CR2E034 (10/03)	
Zip <b>33615</b> Country		Zip <b>33615</b> Country		4. FEI Number <b>59-3632112</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CAIRNS, KATERINA D 5590 ULMERTON RD STE 200 CLEARWATER, FL 33760</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  <b>KATERINA CAIRNS</b> DATE: <b>2.28.05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAIRNS, KATERINA D 5590 ULMERTON RD, STE 200 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAIRNS, KATERINA D 5303 EAST LONGBOAT BLVD TAMPA, FL 33615</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAIRNS, ROBERT S 5590 ULMERTON ROAD, STE 200 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAIRNS, ROBERT S 5303 EAST LONGBOAT BLVD TAMPA, FL 33615</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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 607, 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:  <b>KATERINA CAIRNS</b> Date: <b>2.28.05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					