


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90105 016 ***158.75

DOCUMENT # P00000068422	
1. Entity Name DISACER, INC.	

Principal Place of Business POST OFFICE 188 BRADENTON, FL 34212 US	Mailing Address POST OFFICE 188 BRADENTON, FL 34212 US
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2. Principal Place of Business 809 FIELD BROOK CT. Suite, Apt. #, etc.	3. Mailing Address 1767 LAKEWOOD RANCH BLVD Suite, Apt. #, etc. # 188
City & State BRADENTON	City & State BRADENTON
Zip 34212	Country US
Zip 34211	Country US

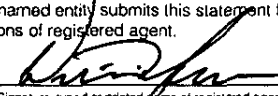


01122006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3660849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ODONNELL, BRIAN 877 EXECUTIVE DR. W SAINT PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name SHARP & HARRISON, PA Street Address (P.O. Box Number is Not Acceptable) 4890 W. KENNEDY BLVD., SUITE 900 City TAMPA FL Zip Code 33609
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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.

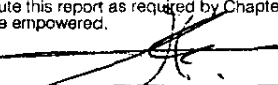
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11- -	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENAVENT, RAFAEL CTRA. VALENCIA-BARCELONA KM 44,3 CASTELLON, SPAIN, SP 1250 nule <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	D MONTERO, ANTONIO CTRA VALENCIA-BARCELONA, KM, #443 NULES, SPAIN, 12520 <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	DPST LANUZA, JOSE LUIS CTRA. VAKENCIA-BARCELONA KM. 44,3 1250 NULES (CASTELLON) SPAIN, <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	VP MONTERO, ANTONIO CTRA VALENCIA-BARCELONA KM, 443 NULES, SPAIN, 12520 <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	S MEDIANO, ALICIA 877 EXECUTIVE CENTER DR. W., SUITE 105 SAINT PETERSBURG, FL 33702 <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 exemptions contained 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 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: **ANTONIO MONTERO**  **01/12/06 +34964659500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #