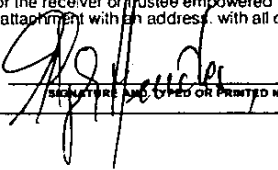


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90122 042 ***150.00

DOCUMENT # P00000088615 1. Entity Name DAISY'S ISLAND, INC.					
Principal Place of Business 235 S MAITLAND AVE #111 MAITLAND, FL 32750			Mailing Address PO BOX 941569 MAITLAND, FL 32794		
2. Principal Place of Business 7226 W. COLONIAL DR Suite, Apt. #, etc. # 373		3. Mailing Address Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32818 Country USA			
4. FEI Number 59-3708791		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MENDES, ELZA 235 MAITLAND AVE #111 MAITLAND, FL 32750			7. Name and Address of New Registered Agent Name ELZA MENDES Street Address (P.O. Box Number is Not Acceptable) 7226 W. COLONIAL DRIVE # 373 City ORLANDO FL Zip Code 32818		
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 changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUFOUR, INES 235 S MAITLAND AVE #111 MAITLAND, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUFOUR, INES 7226 W. COLONIAL DRIVE, #373 ORLANDO, FL 32818	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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:  ELZA MENDES			3/11/06 407-532-7216 Date Daytime Phone		