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	Mailing Address
235 S MAITLAND AVE #111 MAITLAND, FL 32750	PO BOX 941569 MAITLAND, FL 32794

02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7226 W. COLONIAL DR	
Suite, Apt. #, etc.: # 373	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32818 Country: USA	Zip Country

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

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

TITLE	P	☐ Delete
NAME	DUFOUR, INES	
STREET ADDRESS	235 S MAITLAND AVE #111	
CITY-ST-ZIP	MAITLAND, FL 32750	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	DUFOUR, INES	
STREET ADDRESS	7226 W. COLONIAL DRIVE, #373	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: [signature] ELZA MENDES 3/11/06 407-532-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #