2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090818

1. Entity Name
DANARILY DESIGN, INC.

Principal Place of Business	Mailing Address
2885 BEGONIA WAY	2885 BEGONIA WAY
COOPER CITY, FL 33026	COOPER CITY, FL 33026

DO NOT WRITE IN THIS SPACE

04042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1059729	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JON S
2885 BEGONIA WAY
COOPER CITY, FL 33026

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   4/4/07   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution.   ☐   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	MILLER, JON S
STREET ADDRESS	2885 BEGONIA WAY
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	MILLER, MERYL
STREET ADDRESS	2885 BEGONIA WAY
CITY-ST-ZIP	COOPER CITY, FL 33026
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	
CITY-ST-ZIP	

U00000699499
04/19/07-80045-003 150.00

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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: _____   4/4/07   954-275-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #