2006 FOR PROFIT CORPORATION

indicated on this report or supplemental re-of the corporation or the receiver or trustee changed, or on an attachment with an addi-

SIGNATURE:

FILED Jan 13, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000117700 1. Entity Name THE LAW OFFICE OF DAVID J. DAY, P.A. Principal Place of Business Mailing Address 4108 DELTONA BLVD. PO BOX 5535 SPRING HILL FL 34606 SPRING HILL, FL 34606 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3689242 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAY, DAVID J DO NOT WRITE 4108 DELTONA BLVD SPRING HILL, FL 34606 IN THIS SPACE 8. The above named patrty 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. 2006 (NOTE, Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAY, DAVID J NAME 3343 JOSEF AVE. STREET ADDRESS U00000385596 01/18/06-80023-001 150.00 CITY-ST-ZIP SPRING HILL, FL 34609 TITLE DAY, SANDRA H NAME STREET ADDRESS 3343 JOSEF AVE SPRING HILL, FL 34608 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied of the line does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and factor 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 trusted 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, writted other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #