2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000008397

Name:

Address:

City-St-Zip:

FILED Aug 29, 2007 Secretary of State

Entity Name: DARS CORPORATION Current Principal Place of Business: New Principal Place of Business: 900 W OAKLAND PARK BLVD 900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 333111602 FORT LAUDERDALE, FL 333111602 US **Current Mailing Address: New Mailing Address:** 900 W OAKLAND PARK BLVD 900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 333111602 FORT LAUDERDALE, FL 333111602 US FEI Number: 65-1085855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVLETIAN, DIRAM 900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 333111602 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: PSD (X) Change () Addition DEVLETIAN, DIRAN DEVLETIAN, DIRAN Name: Name: 2706 CYPRESS LANE 2706 CYPRESS LANE Address: Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: WESTON, FL 333323426 US Title: () Delete Title: VΡ () Change (X) Addition Name: Name: DEVLETIAN, MARIA T 2706 CYPRESS LANE Address: Address: WESTON, FL 333323426 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition DEVLETIAN, ARAM Name: Name: 2706 CYPRESS LANE Address Address: City-St-Zip: City-St-Zip: WESTON, FL 333323426 US Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DEVLETIAN, DIRAN JR

2706 CYPRESS LANE

WESTON, FL 333323426 US

SIGNATURE: DIRAN DEVLETIAN	PD	08/29/2007
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