

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90039 001 \*\*\*150.00  
03-12-2008 90039 002 \*\*\*\*\*8.75

<b>DOCUMENT # P01000008397</b> 1. Entity Name <b>DARS CORPORATION</b>					
Principal Place of Business <b>900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311-1602 US</b>			Mailing Address <b>900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311-1602 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1085855</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03102008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>DEVLETIAN, DIRAM 900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311-1602</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: <b>3/6/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input type="checkbox"/> Delete <b>DEVLETIAN, DIRAN 2706 CYPRESS LANE WESTON, FL 333323426</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete <b>DEVLETIAN, MARIA T 2706 CYPRESS LANE WESTON, FL 333323426</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>DEVLETIAN, ARAM 2706 CYPRESS LANE WESTON, FL 333323426</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D DEVLETIAN, ARAM 2706 CYPRESS LANE WESTON, FL 33332</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>DEVLETIAN, DIRAN JR 2706 CYPRESS LANE WESTON, FL 333323426</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D DEVLETIAN, DIRAN JR 2706 CYPRESS LANE WESTON, FL 33332</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			DATE: <b>3/6/08</b> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					