2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011736

1. Entity Name
DNA VENDING CORPORATION

Principal Place of Business	Mailing Address
209 SW 46TH ST	209 SW 46TH ST
CAPE CORAL, FL 33914	CAPE CORAL, FL 33914

40085323

DO NOT WRITE IN THIS SPACE

03032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1075193	Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, NICHOLAS A
2090 SW 46ST
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALLEN, NICHOLAS A
STREET ADDRESS	209 SW 46TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	DTV
NAME	ALLEN, DALE E
STREET ADDRESS	209 SW 46TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33914
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	

DO NOT WRITE IN THIS SPACE

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: _Dale E. Allen_   Dale E Allen   Pre   4-25-07   565-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #