2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000018132

1. Entity Name

DAYTECH CONSULTING, INC.



Malling Address

Principal Place of Business Mailing Address
21 TOMOKA COVE WAY 21 TOMOKA COVE WAY
ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

8. Name and Address of Current Registered Agent

FILED Feb 15, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3700729	Not Applicable

5. Certificate of Status Desired

01242006

No Chg-P

\$8.75 Additional Fee Required

CR2E034 (11/05)

BABAZEDEH, ALI
21 TOMOKA COVE WAY
ORMOND BEACH, FL 32174

DO NOT WR

			IN THIS SPACE		
6. The above the obligat	named entity submits this statement for the plans of registered agent.	rurpose of changing its registered office	or registered agent, or both	o, in the State of Florida. I am famillar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title f	f epplicable. (NOTE: Registered Agent sig	mature réquired when réinstalling)	OATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STRELT ADDRESS CITY-ST-ZIP	P BABAZEDEH, ALI 21 TOMOKA COVE WAY ORMOND BEACH, FL 32174			000000434975	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/25/06-80024-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE	
TITLE WAME STREET ADDRESS CITY-ST-ZIP	,	en grand de la companya de la compan	e e e e e e e e e e e e e e e e e e e	A CONTRACTOR OF THE STATE OF TH	
TITLE NAME STREET ADDRESS			a pia no prom at		

12. I hereby certify that the information supplied with this filling 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: _

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06

(386) 676-672=

Daytime Phone