


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90199 031 ***150.00

DOCUMENT # P01000021300

1. Entity Name
DNYII, INC.



Principal Place of Business
**4033 SW 2ND CT
 CAPE CORAL, FL 33914**

Mailing Address
**4033 SW 2ND CT
 CAPE CORAL, FL 33914**

2. Principal Place of Business
24200 GOLDEN EAGLE LN

3. Mailing Address
24200 GOLDEN EAGLE LN

Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34135

Country
LEE

Zip
34135

Country
LEE



07012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**DINH, DON V
 4033 SW 2ND CT
 CAPE CORAL, FL 33914**

4. FEI Number
65-1153623

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
DINH, DON VAN

Street Address (P.O. Box Number is Not Acceptable)
24200 GOLDEN EAGLE LANE

City **BONITA SPRINGS** **FL** Zip Code **34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DINH, DON V	4033 SW 2ND CT	CAPE CORAL, FL 33914	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	DINH, DON VAN	24200 GOLDEN EAGLE LANE	BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Don Van Dinh* **7/5/05** Date Daytime Phone # _____