## 2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED**

239-290-6707

ANNUAL REPURI				Feb 12, 2005 08:00 A
DOCUMENT # P01000029930  1. Entity Name DANISA ENTERPRISES, INC.				Secretary of State
Principal Plac	ce of Business	Mailing Address	<del> </del>	
3071 50TH		3071 50TH LANE SW		
NAPLES, FL		NAPLES, FL 34116		
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	and the second s			
DO NOT WRITE IN THIS SPAC			02082005 No Chg-P CR2E034 (10/03)	02082005 No Cha-P CB2E034 (10/03)
				OL .
<u> </u>	6. Name and Address of Current F	egistered Agent	The state of the s	
			1	
EDWARDS, DIAN M				DO NOT WRITE
1842 40TH TERR. SW NAPLES, FL 34116				
MAPLES,	FL 34110			IN THIS SPACE
			l=====================================	277
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 abligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling).				
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing				
10.	OFFICERS AND D	RECTORS	]	000000727039
TITLE	P		i	02/12/05-80042-019 150.00
NAME	BREEHNE, DAWN		1	
STREET ADDRESS	3071 50TH LANE SW			
CITY-ST-ZIP	NAPLES, FL 34116	<u>در بعرض القي القراد مسايد الشاب</u>	<u> </u>	
TITLE	S -		Ī	
NAME STREET ADDRESS	WARDEN, BARBARA 1842 40TH TERRACE SW		1	
City-St-Zip	NAPLES, FL 34116			
TITLE	D	<u> </u>		· · · · · · · · · · · · · · · · · · ·
NAME	THEDFORD, JOHN			
STREET ADDRESS	4557 W ALHAMBRA CIR.			DO NOT WOITE
CITY-ST-ZIP	NAPLES, FL 34103	ء		DO NOT WRITE
TITLE	D		1	IN THIS SPACE
NAME	BREEHNE, PAUL			IN ITIS SPACE
STREET ADDRESS	3071 50TH LANE SW			
City-St-ZIP	NAPLES, FL 34116	jan jang		
TITLE			ł	
NAME			I	
STREET ADDRESS			1	
CITY-ST-ZIP			1	
TITLE				
NAME STREET ADDRESS			1	
STREET ADDRESS CITY-ST-ZIP			ł	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.				
changed,	or on an attachment with an address, wi	n an other like empowered.		