

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State


04-10-2006 90307 019 ***150.00

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DOCUMENT # P01000029930

1. Entity Name
DANISA ENTERPRISES, INC.



Principal Place of Business
**790 21ST ST. N.W.
 NAPLES, FL 34120**

Mailing Address
**P.O. BOX 770613
 NAPLES, FL 34107-0613**

2. Principal Place of Business
3050 Tamiami Tr. N.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 77142
 Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

Zip
34103

Country
Collier

Zip
34107-142

Country
Collier

03232006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, DIAN M
 1842 40TH TERR. SW
 NAPLES, FL 34116**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BREEHNE, DAWN	
STREET ADDRESS	3071 50TH LANE SW	
CITY - ST - ZIP	NAPLES, FL 34116	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARDEN, BARBARA	
STREET ADDRESS	1842 40TH TERRACE SW	
CITY - ST - ZIP	NAPLES, FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	THEDFORD, JOHN	
STREET ADDRESS	4557 W ALHAMBRA CIR.	
CITY - ST - ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREEHNE, PAUL	
STREET ADDRESS	3071 50TH LANE SW	
CITY - ST - ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Breehne, Dawn	
STREET ADDRESS	790 21st St. N.W.	
CITY - ST - ZIP	Naples FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Breehne, Paul	
STREET ADDRESS	790 21st St. N.W.	
CITY - ST - ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Dawn M Breehne 3/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #