FILED
Apr 27, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000054433

1. Entity Name
DAYSTAR FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2241 SOUTH PINE AVENUE OCALA, FL 34471 US	2241 SOUTH PINE AVENUE OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

04152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1110881
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, JIM
2241 SOUTH PINE AVENUE
OCALA, FL 34471

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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 filing online)

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	PT
NAME	PIERCE, JIM
STREET ADDRESS	8340 NW 47TH ST
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VS
NAME	PIERCE, ROBIN D
STREET ADDRESS	8340 NW 47TH ST
CITY-ST-ZIP	OCALA, FL 34482
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	

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05/09/06-80038-010 150.00

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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: Jim Pierce 4/25/06 352-351-3547
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATE OFFICER OR DIRECTOR — Date — Daytime Phone #