2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P02000045568** 04-03-2006 90358 025 ***150.00 1 Fotity Name DA DAISY, INC. Principal Place of Business Mailing Address 40042652 2207 54TH ST S 2207 54TH ST S GULFPORT, FL 33707 GULFPORT, FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-0682809 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASTINGS, DAVID C Street Address (P.O. Box Number is Not Acceptable) 2207 54TH ST S GULFPORT, FL 33707 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, typed or printed name of registered agent and title fill applicable. (NOTE: Registered Agent a gnature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP ☐ Delete TITLE Change Addition DAISY, DEBORAH NAME NAME STREET ADDRESS 2826 54TH ST S STREET ADDRESS GULFPORT, FL 33707 CITY-ST-ZIP CiTY-ST-ZIP D\$T ☐ Delete ☐ Change Addition DAISY, DAVID NAME MAME STREET ADDRESS 2826 54TH ST S STREET ADDRESS CHY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 170 and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver or trustee employered 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 attuchment with an address with all other like empowered. changed, or on an att

DAVID DAISY

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MARCH 28, 2006

727-232-1545

FILED