
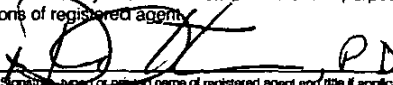


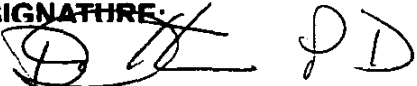
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90040 047 ***150.00

DOCUMENT # P02000086469					
1. Entity Name D'ANTICH, INC.					
Principal Place of Business 324 N.W. 153RD LANE PEMBROKE PINES, FL 33028		Mailing Address 324 N.W. 153RD LANE PEMBROKE PINES, FL 33028			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 32-0025627	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired		Chg-P		CR2E034 (11/05)	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent ANTICH, ROBERTO 324 N.W. 153RD LANE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name DANIA Antich Street Address (P.O. Box Number is Not Acceptable) 324 NW 153rd LN City Pembroke Pines FL Zip Code 33028		
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:  PD		(NOTE: Registered Agent signature required when reinstating)		DATE: 1/25/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTICH, ROBERTO 324 N.W. 153RD LANE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Antich, DANIA 324 NW 153RD LN. Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTICH, DANIA 324 N.W. 153RD LANE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PD
Dania Antich President **1/25/06** **(786) 367-2287**