2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P02000102219

Entity Name: DUST TO DAWN COURIER SERVICE, INC.

Current Principal Place of Business:

1248 WALNUT GROVE WAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1248 WALNUT GROVE WAY
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 41-2084115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILDERS, BONNIE
1445 W KING ST
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUMMERS, LYNN M
Address: 1248 WALNUT GROVE WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: V ( ) Delete
Name: SUMMERS, ROBERT K
Address: 1248 WALNUT GROVE WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST ( ) Delete
Name: BERRY, CAROLYN
Address: 999 SYCAMORE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: V ( ) Delete
Name: BERRY, JOHN G
Address: 999 SYCAMORE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: V (X) Delete
Name: DEAN, AMY L
Address: 1008 LAKEMORE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN M SUMMERS P 04/17/2008

Electronic Signature of Signing Officer or Director Date