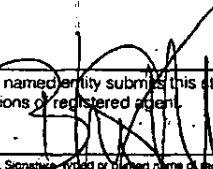
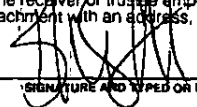


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-26-2004 91016 037 ***150.00

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DOCUMENT # P03000044871 1. Entity Name DAVIS ACQUISITIONS INC.					
Principal Place of Business 12632 VICTORIA PLACE CIRCLE #10310 ORLANDO FL 32828			Mailing Address 12632 VICTORIA PLACE CIRCLE #10310 ORLANDO FL 32828		
2. Principal Place of Business 1452 VICTORIA VILLAGE LN Suite, Apt. #, etc. 4-114		3. Mailing Address 1452 VICTORIA VILLAGE LN Suite, Apt. #, etc. 4-114			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 51-0462490	
Zip 32828		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, BLAYNE S 12632 VICTORIA PLACE CIRCLE #10310 ORLANDO FL 32828				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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT ☐ Delete NAME BLAYNE SETH DAVIS STREET ADDRESS 1452 VICTORIA VILLAGE LN #4-114 CITY-ST-ZIP ORLANDO, FL 32828			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☒ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  BLAYNE SETH DAVIS 4/22/04 321-246-4822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					