2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P03000093363

Entity Name: DAMEL INC.

Current Principal Place of Business:

1441 NW 47TH AVE
COCONUT CREEK, FL 33306

New Principal Place of Business:

4630 N. NIVERSITY DRIVE
466
CORAL SPRINGS, FL 33067

Current Mailing Address:

1441 NW 47TH AVE
COCONUT CREEK, FL 33306

New Mailing Address:

4630 N. UNIVERSITY DRIVE
466
CORAL SPRINGS, FL 33067

FEI Number: 06-1705257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, VIVIAN L
1441 NW 47TH AVENUE
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

GRANT, VIVIAN L
4630 N. UNIVERSITY DRIVE
466
CORAL SPRINGS, FL 33067 US

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: VIVIAN L GRANT 04/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete
Name: GRANT, COLEEN P
Address: 1441 NW 47TH AVE.
City-St-Zip: COCONUT CREEK, FL 33306

Title: V,T ( ) Delete
Name: GRANT, VIVIAN L
Address: 1441 NW 47TH AVE.
City-St-Zip: COCONUT CREEK, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition
Name: GRANT, COLEEN P
Address: 4630 N. UNIVERSITY DRIVE #466
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V,T (X) Change ( ) Addition
Name: GRANT, VIVIAN L
Address: 4630 N. UNIVERSITY DRIVE #466
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLEEN P GRANT P 04/22/2005
Electronic Signature of Signing Officer or Director Date