


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 044 ***150.00

DOCUMENT # P03000093575																																																																																																																																			
1. Entity Name DAN-SUN ENTERTAINMENT, INC.																																																																																																																																			
Principal Place of Business 1256 SAVIA ST N PORT, FL 34287			Mailing Address 1256 SAVIA ST N PORT, FL 34287																																																																																																																																
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State North Port, Florida		City & State North Port, Florida		4. FEI Number 06-1704620																																																																																																																															
Zip 34287-4206		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent LANGDON, ALLEN E PHD 125 FIRST AVE NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name <u>Allen E. Langdon, Ph.D.</u> Street Address (P.O. Box Number is Not Acceptable) 5059 Indian Mound Street City <u>Sarasota</u> <u>FL</u> <u>34232-2661</u>																																																																																																																																	
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 <u><i>Allen E. Langdon</i></u> March 14, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP	<input type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WILLIAMS, DANNY F		NAME	Williams, Danny F.		STREET ADDRESS	1256 SAVIA ST		STREET ADDRESS	1256 Savia Street		CITY-ST-ZIP	N PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34287-4206		TITLE	DST	<input type="checkbox"/> Delete	TITLE	D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WILLIAMS, ANITA J		NAME	Williams, Anita J.		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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: <u><i>Danny F Williams</i></u> March 14, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			