2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100662

Entity Name: DAITIM INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

8665 S. MAGNOLIA AVENUE OCALA, FL 34476

Current Mailing Address:

New Mailing Address:

3012 S.W. 20TH STREET APT # G104 OCALA, FL 34471 US

3012 S.W. 20TH STREET APT # G104 OCALA, FL 34474 US

FEI Number: 20-0224979

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATEL, SHALESHKUMAR 3012 S.W. 20TH STREET APT # G104 OCALA, FL 34471 US

PATEL, SHALESHKUMAR N 3012 S.W. 20TH STREET APT # G104

OCALA, FL 34474 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: SHALESHKUMAR N PATEL

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Name: PATEL, SHALESHKUMAR

3012 S.W. 20TH STREET, APT # G104 Address:

City-St-Zip: OCALA, FL 34471 US Title: (X) Change () Addition PATEL, SHALESHKUMAR N Name: Address: 3012 S.W. 20TH STREET, APT # G104

City-St-Zip: OCALA, FL 34474 US

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.

Ρ SIGNATURE: SHALESHKUMAR N PATEL 04/29/2004