

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY 25 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000128288 1. Entity Name J. D. DALY MARKETING ENTERPRISES, INC.					
Principal Place of Business 17920 LEETANA ROAD NORTH FORT MYERS, FL 33917 US			Mailing Address 17920 LEETANA ROAD NORTH FORT MYERS, FL 33917 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-1192216	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALY, JOSEPH W 17920 LEETANA ROAD NORTH FORT MYERS, FL 33917				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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: <small>Signature, type or printed name of registered agent and title if applicable</small>			DATE: 5/22/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALY, JOSEPH W	NAME	700075577577		
STREET ADDRESS	17920 LEETANA ROAD	STREET ADDRESS	06/01/06--01006--003 **300.00		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP	Daly, Cheryl K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAMPER, CHERYL K	NAME			
STREET ADDRESS	17920 LEETANA ROAD	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 5/22/06 DAYTIME PHONE: 239 910 5276		

Joseph W Daly

5/3/06