

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 015 ***158.75

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DOCUMENT # P04000034806 1. Entity Name DINNERS IN A DASH, INC.					
Principal Place of Business 447 RIO CASA DRIVE NORTH INDIALANTIC, FL 32903 US			Mailing Address 447 RIO CASA DRIVE NORTH INDIALANTIC, FL 32903 US		
2. Principal Place of Business 296 EAST EAU GALLIE BLVD.		3. Mailing Address 296 EAST EAU GALLIE BLVD.			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State INDIAN HARBOR BEACH, FL		City & State INDIAN HARBOR BEACH, FL		4. FEI Number 20-0761202	
Zip 32937		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONOVAN, KIMBERLY A 447 RIO CASA DRIVE NORTH INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name KIMBERLY A. DONOVAN Street Address (P.O. Box Number is Not Acceptable) 296 EAST EAU GALLIE BLVD. City INDIAN HARBOR BEACH FL Zip Code 32937			
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>Kimberly A. Donovan</i></u> July 5, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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 NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, KIMBERLY A 447 RIO CASA DRIVE NORTH INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Kimberly A. Donovan</i></u> July 5, 2005 (321) 431-1120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Kimberly A. Donovan, President