

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048049

Entity Name: FLORIDA DBA INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

3693 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

New Principal Place of Business:

890 SW GARDENS BLVD.
PALM CITY, FL 34990 US

Current Mailing Address:

3693 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

New Mailing Address:

890 SW GARDENS BLVD.
PALM CITY, FL 34990 US

FEI Number: 20-0906275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, PATRICK
3693 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

DAVIES, PATRICK
890 SW GARDENS BLVD.
PALM CITY, FL 34990 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:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DAVIES, PATRICK
Address: 3693 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVIES, PATRICK
Address: 890 SW GARDENS BLVD.
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATRICK DAVIES

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date