
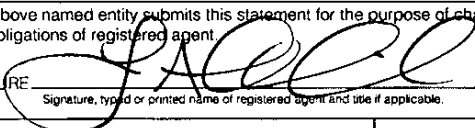
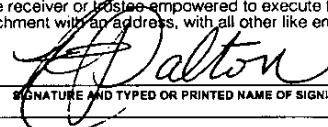


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90057 009 \*\*\*150.00

<b>DOCUMENT # P04000067942</b> 1. Entity Name <b>DALTON, INC.</b>					
Principal Place of Business <b>3300 WEDGEWOOD NE APT 305 PALM BAY, FL 32905</b>			Mailing Address <b>3300 WEDGEWOOD NE APT 305 PALM BAY, FL 32905</b>		
2. Principal Place of Business <b>302 Case Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>302 Case Lane</b> Suite, Apt. #, etc.			
City & State <b>Lafayette LA</b> Zip <b>70506</b>		City & State <b>Lafayette LA</b> Zip <b>70506</b>		4. FEI Number <b>54-2148839</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DALTON, AMANDA 3300 WEDGEWOOD NE APT 305 PALM BAY, FL 32905</b>				7. Name and Address of New Registered Agent Name: <b>Alton Enterprises, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3990 Minton Road</b> City: <b>W. Melbourne</b> FL <b>32904</b>	
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:  <b>Corporate Specialist</b> DATE: <b>2/2/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST DALTON, AMANDA 3300 WEDGEWOOD NE APT 305 PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Dalton, Amanda 302 Case Lane Lafayette LA 70506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALTON, THOMAS 3300 WEDGEWOOD NE APT 305 PALM BAY, FL 32905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dalton, Thomas 302 Case Lane Lafayette, LA 70506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>Amanda Dalton</b> DATE: <b>2/2/06</b> DAYTIME PHONE #: <b>504-2661</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					