


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 018 ***150.00

DOCUMENT # P04000080776 1. Entity Name DANABI SECURITY, INC.					
Principal Place of Business 1136 SW 42ND ST CAPE CORAL, FL 33914			Mailing Address 1136 SW 42ND ST CAPE CORAL, FL 33914		
2. Principal Place of Business 8393 Bamboo Road		3. Mailing Address P.O. Box 152613			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers, Florida		City & State Cape Coral Florida		4. FEI Number 20-1110752	
Zip 33912-3402		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DAWN 6160 WINKLER ROAD FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name JONES, Dawn Street Address (P.O. Box Number is Not Acceptable) 12995 South Cleveland Ave Suite 206 City Fort Myers FL Zip Code 33907			
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>Dawn Jones</i></u> 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ROY 1136 SW 42ND ST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JONES, Roy 8393 Bamboo Road Fort Myers, FL 33912
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: <u><i>Roy L. Jones</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-6-06 239-541-3355 <small>Date Daytime Phone #</small>		