



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 006 ***158.75

DOCUMENT # P04000098123 1. Entity Name DAYNA'S DECORATIVE DESIGNS, INC.					
Principal Place of Business 5035 KIMBRELL DRIVE EAST JACKSONVILLE, FL 32210			Mailing Address 5035 KIMBRELL DRIVE EAST JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 5035 Kimbrell Dr. E. Suite, Apt. #, etc.		3. Mailing Address 5035 Kimbrell Dr. E. Suite, Apt. #, etc.			
City & State Jacksonville FLA Zip 32210 Country USA		City & State Jacksonville FLA Zip 32210 Country USA		4. FEI Number 25-7969309	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROMANELLO, DUANE C 1919-8 BLANDING BLVD. JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name D Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD <input type="checkbox"/> Delete NAME LAY, DAYNA R STREET ADDRESS 5035 KIMBRELL DRIVE EAST CITY-ST-ZIP JACKSONVILLE, FL 32210			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>Dayna R. Lay</i></u> (DAYNA R. LAY) 5/3/07 (904) 504-6657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					