2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM Secretary of State DOCUMENT # P04000101008 DANROLEEN, INC. Principal Place of Business Mailing Address 8172 CYPRESS DR SOUTH 8172 CYPRESS DR SOUTH FORT MYERS, FL 33912 FORT MYERS, FL 33912 No Cha-P CR2E034 (11/05) 01042007 Applied For 4. FEI Number 26-0091774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PEREDA, EILEEN DO NOT WRITE 8172 CYPRESS DR SOUTH FORT MYERS, FL 33912 IN THIS SPACE The above named entity submits the obligations of registered agent. hits 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 C1101 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PEREDA, EILEEN NAME 8172 CYPRESS DR SOUTH STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 02/13/07-80009-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

12. Thereby 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 received or fustee 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:

NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED