
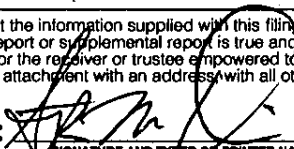


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000131889</b>		
1. Entity Name <b>DAVIS ELECTRONICS, INC.</b>		
Principal Place of Business <b>829 SILVERWOOD DRIVE LAKE MARY, FL 32746 US</b>		Mailing Address <b>829 SILVERWOOD DRIVE LAKE MARY, FL 32746 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DAVIS, STEPHEN M 829 SILVERWOOD DRIVE LAKE MARY, FL 32746</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	DAVIS, STEPHEN M	
STREET ADDRESS	829 SILVERWOOD DRIVE	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE	VP	
NAME	DAVIS, KIMBERLY D	
STREET ADDRESS	829 SILVERWOOD DRIVE	<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP		
TITLE		
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:  <b>STEPHEN M. DAVIS</b>		<b>7/17/2006 407 322 5900</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1679589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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07/20/06-80002-023 150.00