

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000153631

1. Entity Name
DAN BOUDREAU, INC.



7/10

**FILED
Aug 21, 2007 8:00 am
Secretary of State**

07-16-2007 90127 047 ***150.00

66021236



07092007 Chg-P CR2E034 (12/06)

Principal Place of Business 3325 RED ASH CIRCE OVIEDO, FL 32766		Mailing Address 3325 RED ASH CIRCE OVIEDO, FL 32766	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BOUDREAU, DAN 3325 RED ASH CIRCE OVIEDO, FL 32766			
7. Name and Address of New Registered Agent Name 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.			
<p><i>Dan Boudreau</i></p> <p>SIGNATURE: <small>(Signature typed or printed name of registered agent and title if applicable)</small></p> <p>(NOTE: Registered Agent signature required when remitting)</p> <p>DATE: <i>7/13/07</i></p>			

FILE NOW!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPTS BOUDREAU, DAN 3325 RED ASH CIRCE OVIEDO, FL 32766		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP BOUDREAU, DAN 3325 RED ASH CIRCE OVIEDO, FL 32766		<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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					

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: *Dan Boudreau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/07