2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000002468

1. Entity Name
DARREN DOBOZY, INC.

Principal Place of Business	Mailing Address
11388 PORTOLA LANE SPRING HILL, FL 34609 US	11388 PORTOLA LANE SPRING HILL, FL 34609 US

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

01302006   Chg-P   CR2E034 (11/05)

Zip	Country	Zip	Country

4. FEI Number
20-2171969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
USACCOUNTING OFFICE, INC. 4815 E BUSCH BLVD SUITE 113 TAMPA, FL 33617	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.

SIGNATURE
_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing ☐ Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		**11.**		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOBOZY, DARREN		NAME		
STREET ADDRESS	11388 PORTOLA LANE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _DARREN DOBOZY_   1/30/06   813-323-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #