2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P05000009700

Entity Name: THIS DAY ON, INC.

Current Principal Place of Business:

160 BISCAYNE AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

160 BISCAYNE AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-2188436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTTON, JOHN
160 BISCAYNE AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUTTON, JOHN
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: SUTTON, CYNTHIA
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: SUTTON, JOSHUA
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: SUTTON, JOHN B II
Address: 160 BISCAYNE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: NESMITH, BENJAMIN
Address: 11043 GOLDEN SILENCE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: ARD, TAYLOR
Address: 2219 TWILIGHT DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SUTTON P 04/30/2006

Electronic Signature of Signing Officer or Director — Date