
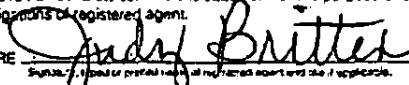



**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90005 001 \*\*\*150.00

<b>DOCUMENT # P05000011958</b> 1. Entity Name <b>DA-JU VIEW, INC.</b>			
Principal Place of Business 11658 S.E. PLANDOME DRIVE HOBE SOUND FL 33455		Mailing Address 11658 S.E. PLANDOME DRIVE HOBE SOUND FL 33455	
2. Principal Place of Business - No P.O. Box # <b>10735 LA STRADA</b>		3. Mailing Address <b>332 S. Cove Rd. Summer residence</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>1st MOORE</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>Sunset, SC</b>	
ZIP <b>33412</b>		ZIP <b>29685</b>	
Country <b>Palm Beach</b>		Country <b>Pickens</b>	
4. FEI Number <b>20-2275467</b> APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (10/07)	
6. Name and Address of Current Registered Agent <b>BRITTEN, DENNIS G</b> 11658 S.E. PLANDOME DRIVE HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name <b>Judy C Britten</b> Street Address (P.O. Box Number is Not Acceptable) <del>332 S. Cove Rd. Sunset, SC 29685</del> <b>10735 La Strada</b> City <del>West Palm Beach, FL</del> <b>West Palm Beach, FL</b> Zip Code <del>33412</del> <b>33412</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. Firm, family, and land exempt the obligations of registered agent. SIGNATURE  DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD CHESSON, DARLENE CO. STREET ADDRESS 11658 S.E. PLANDOME DRIVE CITY - ST - ZIP HOBE SOUND FL 33455	<input type="checkbox"/> Delete	TITLE NAME BRITTEN, JUDY C CO. STREET ADDRESS 11658 S.E. PLANDOME DRIVE CITY - ST - ZIP HOBE SOUND FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME BRITTEN, JUDY C STREET ADDRESS 10735 La Strada CITY - ST - ZIP West Palm Beach, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 firm empowered.			
SIGNATURE: 		Judy C Britten 2-10-08 561245-1016	