


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90192 029 ***150.00

DOCUMENT # P05000025012					
1. Entity Name THOMAS DANIEL INC					
Principal Place of Business 701B E LAS OLAS BLVD FORT LAUDERDALE, FL 33301			Mailing Address 4737 N OCEAN DR #222 FT LAUDERDALE, FL 33308		
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	4. FEI Number 20-2351209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SARDI, EVE 525 N OCEAN BLVD SUITE 1416 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name: <u>Tom Callaghan</u> Street Address (P.O. Box Number is Not Acceptable): <u>242</u> <u>242 AVALON AVE</u> City: <u>LFTS</u> FL Zip Code: <u>33308</u>	
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: <u>[Signature]</u> TOM CALLAGHAN <u>April 23 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 P	NAME CALLAGHAN, THOMAS J		<input type="checkbox"/> Delete		
STREET ADDRESS 242 AVALON AVE	LAUDERDALE BY THE SEA, FL 33308		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308		CITY-ST-ZIP		
TITLE VP	NAME LAU, JEFFREY		<input type="checkbox"/> Delete		
STREET ADDRESS 242 AVALON AVE	LAUDERDALE BY THE SEA, FL 33308		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308		CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	NAME		<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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	