2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

May 14, 2007 8:00 am Secretary of State **DOCUMENT # P05000037576** 05-14-2007 90075 039 ***150.00 1. Entity Name W.D. DANES (INTL), INC. Principal Place of Business Mailing Address 40111962 12289 PEMBROKE ROAD, STE. 99 12289 PEMBROKE ROAD, STE. 99 PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0740876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUMBERBATCH, WAYNE P DO NOT WRITE 12289 PEMBROKE ROAD, STE. 995 PEMBROKE PINES, FL 33025 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CUMBERBATCH, WAYNE A NAME STREET ADDRESS 4480 SW 153 AVE. CITY-ST-ZIP MIRAMAR, FL 33027 TITLE ROACH, MARGRETA L. NAME STREET ADDRESS 4480 SW 153 AVE CITY-ST-ZIP MIRAMAR, FL 33027 CUMBERBATCH, NICOLE NAME STREET ADDRESS 4480 SW 153 AVE. DO NOT WRITE CITY-ST-ZIP MIRAMAR, FL 33027 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the 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 office 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 1

FILED