

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057734

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: DAMEON ENTERPRISES INC

## Current Principal Place of Business:

11440 PARADISE COVE LN  
WELLINTION, FL 33467

## New Principal Place of Business:

## Current Mailing Address:

11440 PARADISE COVE LN  
WELLINTION, FL 33467

## New Mailing Address:

FEI Number: 20-2722576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, REBBECA  
11440 PARADISE COVE LN  
LAKE WORTH, FL FL 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GORDON, REBECCA  
Address: 11440 PARADISE COVE LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP D ( ) Delete  
Name: GORDON, DAMEON  
Address: 11440 PARADISE COVE LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: T ( ) Delete  
Name: GORDON, GEORGE  
Address: 11440 PARADISE COVE LN  
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete  
Name: GORDON, DAMIA ESQ  
Address: 11440 PARADISE COVE LN  
City-St-Zip: LAKE WORTH, FL 33467

## 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:

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: REBECCA GORDON

P

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date