


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90316 012 ***150.00

DOCUMENT # P05000057859 1. Entity Name DAWN INVESTMENTS, INC.																													
Principal Place of Business 750 N. ATLANTIC AVENUE SUITE 306 COCOA BEACH FL 32932 US		Mailing Address 750 N. ATLANTIC AVENUE SUITE 306 COCOA BEACH FL 32932 US																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 11-3782643 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent HAFERKAMP, DAWN 750 N. ATLANTIC AVENUE SUITE 306 COCOA BEACH FL 32932			7. Name and Address of New Registered Agent Name: KENNETH E. ALLES Street Address (P.O. Box Number is Not Acceptable) 750 N. ATLANTIC AVE SUITE 306 City: COCOA BCH FL Zip Code: 32932																										
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: <i>Kenneth E. Alles</i> PRES. DATE: 4-13-06 <small>Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when registering)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>HAFERKAMP, DAWN</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>750 N. ATLANTIC AVENUE, SUITE 306 COCOA BEACH FL 32932</td> <td></td> </tr> </table>			TITLE	P	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		HAFERKAMP, DAWN		CITY - ST - ZIP		750 N. ATLANTIC AVENUE, SUITE 306 COCOA BEACH FL 32932		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>KENNETH E. ALLES</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>750 N. ATLANTIC AVE ST 306</td> <td></td> </tr> </table>			TITLE		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		KENNETH E. ALLES		CITY - ST - ZIP		750 N. ATLANTIC AVE ST 306	
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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 like empowered.																													
SIGNATURE: <i>Kenneth E. Alles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-17-06 Daytime Phone #: 321 446 2711																										