


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90398 040 ***150.00

DOCUMENT # P05000095174

1. Entity Name
DAK CYBER SERVICE, INC.



Principal Place of Business
**6450 MCKINLEY STREET
 HOLLYWOOD, FL 33024 US**

Mailing Address
**6450 MCKINLEY STREET
 HOLLYWOOD, FL 33024 US**



2. Principal Place of Business
18700 N.W. 27th AVENUE

3. Mailing Address
18700 NW 27th Avenue

Suite, Apt. #, etc.
APT # 204

City & State
Miami FL

City & State
Miami FLORIDA

Zip
33056

Country
USA

04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**MORRIS, KAREN M
 6450 MCKINLEY STREET
 HOLLYWOOD, FL 33024**

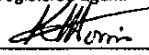
4. FEI Number
20-3100136

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **MORRIS, KAREN M**
 Street Address (P.O. Box Number is Not Acceptable)
18700 NW 27th Avenue
 City **Miami**
 State **FL** Zip Code **33056**

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  **PRESIDENT** DATE **4-26-06**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, KAREN M 6450 MCKINLEY STREET HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAREN MORRIS 18700 NW 27th Avenue Miami, FL 33056
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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:  DATE **4-26-06** DAYTIME PHONE # **954-548-7129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR