2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SHOWAN PUTTING IN A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # P05000123472 1. Entity Name 04-02-2008 90035 014 ***150.00 DANSHAW INC Principal Place of Business Mailing Address 3531 GRANDE TUSCANY WAY 3531 GRANDE TUSCANY WAY NEW SMYRNA BEAH FL 32168 NEW SMYRNA BEAH FL 32168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24312 Deep Springs Look 24312 Deepsprings Loo Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 20-3418949 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shawan Pettiarau PETTIGREW, SHAWAN Street Address (P.O. Box Number is Not Acceptable) 3531 GRANDE TUSCANY WAY **NEW SMYRNA BEAH FL 32168** といらもら 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. (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VP TITLE TITLE ☐ Addition Delete PETTIGREW, DANIEL NAME NAME STREET ADDRESS 3531 GRANDE TUSCANY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 Change . TITLE ☐ Delete TITLE ☐ Addition Shawan Pettianow PETTIGREW, SHAWAN NAME NAME 3531 GRANDE TUSCANY WAY 24312 Dec STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MARKS NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED