## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 18, 2007 08:00 AM DOCUMENT # P05000130055 **Secretary of State** DANIA BEACH WATER GARDENS & GIFTS INC Principal Place of Business Mailing Address 400 S FEDERAL HWY 400 S FEDERAL HWY DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1085304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOM. NAYLOR DO NOT WRITE 400 S FEDERAL HWY DANIA BEACH, FL 33004 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE TOM, NAYLOR NAME 400 S FEDERAL HWY STREET ADDRESS 000000713667 04/26/07-80098-020 150.00 CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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 exacute 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR