2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136640

Entity Name: GREAT DAY, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2441 NW SUITE 10	1			
DORAL, F				
Current N	/lailing Addre	ss:	New Mailing Address	:
2441 NW SUITE 10 DORAL, F	1			
FEI Number	r: 20-3586947	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:
MESA, MI 2441 NW SUITE 10 DORAL, F	93 AVE			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,
CICNIATU				
SIGNATU	RE:			
SIGNATU		nic Signature of Registered Ag	ent	 Date
In accordar	Electro	nic Signature of Registered Ago 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().		Date
In accordar Election Ca	Electro	93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ot receive the prior notice.	Date S TO OFFICERS AND DIRECTORS:
In accordar Election Ca	Electronce with s. 607.1: Impaign Financir S AND DIRECT	93(2)(b), F.S., the corporation did not	ot receive the prior notice. ADDITIONS/CHANGE	
In accordar Election Ca OFFICER Title: Name: Address:	Electronice with s. 607.1: Impaign Financir S AND DIRECT P (ALVAREZ, FU 12221 SW 3 T MIAMI, FL 33 VP (HIDALGO, ED	93(2)(b), F.S., the corporation did not not grust Fund Contribution (). CTORS:) Delete LGENCIO TERRACE 184) Delete WARD D STREET #3239	ot receive the prior notice. ADDITIONS/CHANGE Title: Name: Address:	S TO OFFICERS AND DIRECTORS:

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: MICHAEL A. MESA ST 05/01/2006