

2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2006-90002-009-\$150.00-\$150.00

DOCUMENT # P05000141383 1. Entity Name DADDY'S MONEY RODEO GEAR, INC.				 <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">06 SEP 29 AM 11:12</div> <div style="font-size: 0.8em; margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 326 JOSH REYNOLDS RD LAKELAND, FL 33801 US		Mailing Address 326 JOSH REYNOLDS RD LAKELAND, FL 33801 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-3061584</div>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTERS, MELISSA A 326 JOSH REYNOLDS RD LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Melissa Walters</u> (M) <u>No change</u> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, MELISSA A 326 JOSH REYNOLDS RD LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, ASHLEY M 326 JOSH REYNOLDS RD LAKELAND, FL 33801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Melissa Walters</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR</small>			<div style="font-size: 1.2em; font-weight: bold;">8/24/06</div> <div style="font-size: 1.2em; font-weight: bold;">803-581-3448</div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Daytime Phone # </div>		

JC 10/3