


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000142807</b> 1. Entity Name <b>DAYBREAK EQUITY CORP.</b>	
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Principal Place of Business <b>4 BANYAN TRACK OCALA, FL 34472</b>	Mailing Address <b>4 BANYAN TRACK OCALA, FL 34472</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3685166</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOGER, ROBERT J JR 32 ELM LOOP OCALA, FL 34472</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR <b>MOGER, ROBERT J JR 32 ELM LOOP OCALA, FL 34472</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>MOGER, JON C 36 LOCUST RUN OCALA, FL 34472</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC <b>MOGER, SANDREE U 32 ELM LOOP OCALA, FL 34472</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000784050 01/16/08-80041-004 158.75</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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, and all other like empowered.

**SIGNATURE:**  **Robert J. Moger, Jr.** **01-03-08** **(352)624-1441**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #