

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2007-90024-024-\$550.00-\$550.00

|                                      |  |                                                                                   |
|--------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000005563              |  |  |
| 1. Entity Name<br>DAISY CHAINS, INC. |  |                                                                                   |

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>THREE ROSERY LANE<br>BELLEAIR FL 33756 | Mailing Address<br>THREE ROSERY LANE<br>BELLEAIR FL 33756 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                          |                            |
|--------------------------------------------------------------------------|----------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>404 N. INDIAN ROCKS RD | 3. Mailing Address<br>SARO |
| Suite, Apt. #, etc.                                                      | Suite, Apt. #, etc.        |

|                                    |                    |
|------------------------------------|--------------------|
| City & State<br>BELLEAIR BLUFFS FL | City & State<br>FL |
| Zip<br>33770                       | Country<br>USA     |
| Zip<br>33770                       | Country            |

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20 4176710                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>SMALL, DONALD S II<br>THREE ROSERY LANE<br>BELLEAIR FL 33756 |  |
|-----------------------------------------------------------------------------------------------------------------|--|

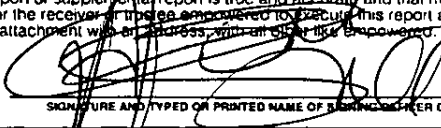
|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box 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                                                                                                                                   | DATE 9/13/07 |

|                                                                                                              |                                                                                                                                                                                                           |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$550.00<br>DUE BY September 5, 2007<br>Make Check Payable to Florida Department of State | S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                 |
|------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 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 an officer like empowered. |                            |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE 8/20/07 (727) 5189652 |

FILED  
2007 SEP 14 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA