-2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 Al **DOCUMENT # P06000067428 Secretary of State** 1. Entity Name DAVID A. MAHANK, INC Principal Place of Business Mailing Address 2240 LEMA DR 2240 LEMA DR SPRING HILL, FL 34609 SPRING HILL, FL 34609 03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3931907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 04/11/08-80029-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE MAHANK, DAVID A NAME STREET ADDRESS 2240 LEMA DR CITY-ST-ZIP SPRING HILL, FL 34609 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

5/28/08

727-207-0754