2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088795

Entity Name: DANICA MANAGEMENT COMPANY

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6252 FLORIDIAN CIRCLE LAKE WORTH, FL 33463				12557 EQUINE LANE WELLINGTON, FL 33414			
Current Mailing Address:				New Mailing Address:			
6252 FLORIDIAN CIRCLE LAKE WORTH, FL 33463				12557 EQUINE LANE WELLINGTON, FL 33414			
FEI Number: 3	38-3779381	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()
Name and A	Address of Cu	ırrent Registered Agent:		Name and	Address of	f New Regis	tered Agent:
WELLER, RITA K 6252 FLORIDIAN CIRCLE LAKE WORTH, FL 33463 US				WELLER, RITA K 12557 EQUINE LANE WELLINGTON, FL 33414 US			
The above r in the State	named entity su of Florida.	ubmits this statement for the pu	rpose o	f changing its	s registered	d office or reg	istered agent, or both,
SIGNATURE:				03/17/2008			
Electronic Signature of Registered Agent						Da	ate
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WELLER, RITA M 6252 FLORIDIAN LAKE WORTH, F	I CIRCLE L 33463		Title: Name: Address: City-St-Zip:	WELLER, RI 12557 EQUIN WELLINGTO	NE LANE DN, FL 33414	
Title: Name: Address: City-St-Zip:	VP () [HURT, JACK D 6252 FLORIDIAN LAKE WORTH, F			Title: Name: Address: City-St-Zip:	HURT, JACK 12557 EQUIN		Addition
Title: Name: Address: City-St-Zip:	T () [WELLER, RITA & 6252 FLORIDIAN LAKE WORTH, F	I CIRCLE		Title: Name: Address: City-St-Zip:		()Change()	Addition
Title: Name: Address: City-St-Zip:	S () [WELLER, RITA K 6252 FLORIDIAN LAKE WORTH, F	I CIRCLE		Title: Name: Address: City-St-Zip:	WELLER, RI 12557 EQUIN		Addition
Title: Name: Address: City-St-Zip:	B () [WELLER, RITA K 6252 FLORIDIAN LAKE WORTH, F	I CIRCLE		Title: Name: Address: City-St-Zip:	WELLER, RI 12557 EQUIN		Addition

I hereby certify that the information supplied with this filing does not qualify 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: RITA WELLER PST 03/17/2008