FILED
May 01, 2007 8:00 am
Secretary of State
04-12-2007 90020 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000101546

1. Entity Name
DAYTONA FIRST, INC.

Principal Place of Business	Mailing Address
~~549 BALLOUGH ROAD~~ DAYTONA BEACH, FL 32118 US	~~549 BALLOUGH ROAD~~ DAYTONA BEACH, FL 32118 US

2. Principal Place of Business - No P.O. Box	3. Mailing Address
222-B Oakridge Blvd	222-B Oakridge Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach	City & State: Daytona Beach Fl
Zip: 32118 Country: USA	Zip: 32118 Country: USA

04032007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-5473460 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAVUREK, ROSEANN M	Name:
~~549 BALLOUGH ROAD~~	Street Address (P.O. Box Number is Not Acceptable): 222-B OAKRIDGE Blvd
DAYTONA BEACH, FL 32114	City: Daytona Beach FL Zip Code: 32118

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: Roseann M. Javurek [signature] 4-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAVUREK, CYRIL 549 BALLOUGH ROAD DAYTONA BEACH, FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAVUREK, ROSEANN M 549 BALLOUGH ROAD DAYTONA BEACH, FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] 4-9-07 386 252 014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #