

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000119095 1. Entity Name DYAN, INC.								• •		AM 11:	
Principal Place of Business 5848 NW 83 TERRACE PARKLAND, FL 33067 US				Mailing Address 5848 NW 83 TERRACE PARKLAND, FL 33067					OFS 1 E,F		
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			08032007	Chg-P	CR2E	34 (12/06)	
City & State				City & State		4. FEI Numb	er 0787065	,		plied For t Applicable	
Zip 				Zip •				of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
HARPEST, DIANÉ M 5848 NW 83 TERRACE PARKLAND, FL 33067						Name Street Address (P.O. Box Number is Not Acceptable)					
1.11112112,12 00001											
						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. Lam familiar with, and accept the obligations of registered agent.											
SIGNATURE											
FILE NOWI!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be led to Fees				
10.		OFF	CERS AND DIR	ECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5848 NW	F, DIANE M 83 TERRAC ID, FL 3306		☐ Delete			☐ Change ☐ Addition 4 5 5 6 1 7 5 5 7 2 4 7 5 5 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7				
TITLE	VP			☐ Delete	TITL					☐ Change	Addition
NAME	HARPEST, DIANE M			_ 555.65	NAM	E	et f	្រីខត្ត ក្រៀ ត្≣ែន≣ដែន ព្រឹក្សា ក្រៀ ត្≣ែន≣ដែន	Tagle 5	_ ,	
STREET ADDRESS CITY-ST-ZIP	5848 NW 83 TERRACE PARKLAND, FL 33067					ET ADDRESS -ST-7IP	#211100081274 57177-61010-625 #8.75				5
TITLE	S	- B.A.::		☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	1	Γ, DIANE Μ 83 TERRAC	Ε		NAM STRE	E ET ADDRESS					
City-ST-ZIP		ID, FL 3306			CITY	-ST-ZIP					
TITLE	Т	-		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	HARPEST, DIANE M				NAM						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
TITLE	7 / II CI CE / U			☐ Delete	TITL					Change	Addition
NAME				U Delete	NAM	1					
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		12 8	1201	Defete						☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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.											