


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 018 ***150.00

DOCUMENT # P06000130291

1. Entity Name
DASANI DEVELOPMENT, INC.



Principal Place of Business Mailing Address

**800 W. CYPRESS CREEK RD.
 SUITE 470
 ALVA, FL 33309 US**

**800 W. CYPRESS CREEK RD.
 SUITE 470
 FT. LAUDERDALE, FL 33309 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40000000



04282008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

71-1014798 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEGEL, LARRY
800 W. CYPRESS CREEK RD.
SUITE 470
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
LEGEL, LARRY

Street Address (P.O. Box Number is Not Acceptable)

800 W. CYPRESS CREEK RD., SUITE 465

City Zip Code
FT. LAUDERDALE FL 33309

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 *Larry Legel* DATE 4.30.8

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	REYNAERT, JEROME
STREET ADDRESS	800 W. CYPRESS CREEK RD., #470
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VP <input type="checkbox"/> Delete
NAME	STERLACCI, JOSEPH
STREET ADDRESS	800 W. CYPRESS CREEK RD., #470
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	S <input type="checkbox"/> Delete
NAME	JAMES III, ROB
STREET ADDRESS	800 W. CYPRESS CREEK RD., #470
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jerome Reynaert* **JEROME REYNAERT PRES** 4.30.8 954 4938900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #