



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 044 ***550.00

DOCUMENT # P07000009388					
1. Entity Name DAWN-ALLYN, INC.					
Principal Place of Business 7599 ISLA VERDE WAY DELRAY BEACH, FL 33446			Mailing Address 7599 ISLA VERDE WAY DELRAY BEACH, FL 33446		
2. Principal Place of Business - No P.O. Box # 11207 Orange Hibiscus Lane		3. Mailing Address 11207 Orange Hibiscus Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05142008 Chg-P CR2E034 (12/06)	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL		4. FEI Number 20-8444591	
Zip 33418		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKBERG, DAWN 7599 ISLA VERDE WAY DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent Name: Dawn Wickberg Street Address (P.O. Box Number is Not Acceptable): 11207 Orange Hibiscus Lane City: Palm Beach Gardens FL Zip Code: 33418		
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: <u>Dawn Wickberg</u> DATE: <u>05/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Dawn Wickberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>05/14/08</u> <small>Date</small>		<u>(561) 776-5251</u> <small>Daytime Phone #</small>