2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000011113

Entity Name: DAPRI PHONE CARDS CORP.

Current Principal Place of Business:

514 SAN LUIZ AVENUE
CLEWISTON, FL 33440

New Principal Place of Business:

333 COMMERCIO STREET
CLEWISTON, FL 33440

Current Mailing Address:

514 SAN LUIZ AVENUE
CLEWISTON, FL 33440

New Mailing Address:

333 COMMERCIO STREET
CLEWISTON, FL 33440

FEI Number: 20-8324930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONILLA, ISMAEL
514 SAN LUIZ AVENUE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

BONILLA, ISMAEL
333 COMMERCIO STREET
CLEWISTON, FL 33440 US

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.

SIGNATURE: ISMAEL BONILLA 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BONILLA, ISMAEL
Address: 514 SAN LUIZ AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BONILLA, ISMAEL
Address: 333 COMMERCIO STREET
City-St-Zip: CLEWISTON, FL 33440

Title: TD ( ) Change (X) Addition
Name: BONILLA, RAUL
Address: 333 COMMERCIO STREET
City-St-Zip: CLEWISTON, FL 33440

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: ISMAEL BONILLA PRES 05/01/2008
Electronic Signature of Signing Officer or Director Date