

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90004 005 ***158.75

DOCUMENT # P07000127555

1. Entity Name
DASA VENTURES INC.



Principal Place of Business
**11715 LAKE CLAIR CIRCLE
CLERMONT, FL 34711**

Mailing Address
**11715 LAKE CLAIR CIRCLE
CLERMONT, FL 34711**

00000010



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

**116135 E. St. Rd 50
Suite, Apt. #, etc.
202**

3. Mailing Address

**116135 E. St. Rd 50
Suite, Apt. #, etc.
202**

07102008 Chg-P CR2E034 (12/06)

City & State

Clermont

City & State

Clermont FL

4. FEI Number

26-1498100

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

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

6. Name and Address of Current Registered Agent

**ALLEN, DAVID E
11715 LAKE CLAIR CIRCLE
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALLEN, DAVID E**
STREET ADDRESS **11715 LAKE CLAIR CIRCLE**
CITY- ST- ZIP **CLERMONT, FL 34711**

TITLE **VP** ☐ Delete
NAME **ALLEN, SUZANNE M**
STREET ADDRESS **11715 LAKE CLAIR CIRCLE**
CITY- ST- ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

David E. Allen 7/10/08