2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17500

FILED Feb 01, 2008 Secretary of State

Entity Nai	me: DAR-CA	RS, LTD., INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	SAT AVENUE IVILLE, FL 322	210 US		
Current Mailing Address:			New Mailing Address:	
P.O. BOX SILVER SI	9876 PRING, MD 20	09169876 US		
FEI Number:	: 52-1245481	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	LIOT J N JOSE BLVD IVILLE, FL 322	207 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DARVISH, JOH) Delete IN R., SEVERNE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	NOELL, GEOR) Delete GE D., -SEVERNE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS (HOSEA, STEPI 6411 IVY LANE GREENBELT, I	E, S-200	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (DARVISH, JUD 12210 CHERR SILVER SPRIN	Y HILL ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	STD () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. HANCHERUK STD 02/01/2008

HANCHERUK, MICHAEL J

10620 LEE HIGHWAY

FAIRFAX, VA 22030

Name:

Address:

City-St-Zip: