
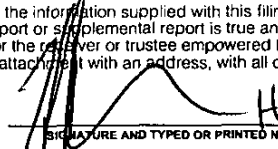


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90014 005 ***158.75

DOCUMENT # P28253 1. Entity Name DAVNA INVESTMENT LIMITED CORP.					
Principal Place of Business 650 OLD COACHMAN RD. CLEARWATER, FL 33765 US			Mailing Address 650 OLD COACHMAN RD. CLEARWATER, FL 33765 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2992016			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHIFFMAN, HOWARD 730 OLD COACHMAN RD CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 Old Coachman Road 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PAS SHIFFMAN, DAVID 730 OLD COACHMAN RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 Old Coachman Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIFFMAN, DAVID 730 OLD COACHMAN RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 Old Coachman Rd.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOWARD, SHIFFMAN 730 OLD COACHMAN RD. CLEARWATER, FL 33765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 Old Coachman Rd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIFFMAN, DEBBIE 730 OLD COACHMAN RD. CLEARWATER, FL 33765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 Old Coachman Rd.	
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	
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: 			Date 2/20/06 Daytime Phone # (727) 669-5212 x 24		