2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90074 033 ***150.00

DOCUMENT # P35299

1. Entity Name
ED DANTUMA ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US	217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1997272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWMAN, WILLIAM R ESQ. ZIMMERMAN, SHUFFIELD, KISER, & SUTCLIFFE 1000 LEGION PL STE 1700 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) SHUFFIELD LOWMAN 1000 LEGION PLACE, SUITE 1700 City ORLANDO FL Zip Code 32801

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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	P DANTUMA, EDWARD F. 30001 SUNSET POINT TAVARES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANTUMA, PERSIS A. 30001 SUNSET POINT TAVARES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DANTUMA, DIRK 59 IRVINE PARK ST. PAUL, MN 55102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANTUMA, JEFF 8437 RIVER BRANCH PL. SANFORD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHANG, BRENDA 217 N WESTMONTE DR 2012 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANTUMA, DRIES 8455 RIVER BRANCH PLACE SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 1/24/07 407-774-5368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #