


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35299</b>	
1. Entity Name <b>ED DANTUMA ENTERPRISES, INCORPORATED</b>	

Principal Place of Business <b>217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>217 N. WESTMONTE DR #2012 ALTAMONTE SPRINGS, FL 32714 US</b>
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01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1997272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, SHUFFIELD  
1000 LEGION PL STE 1700  
ORLANDO, FL 32801**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANTUMA, EDWARD F. 30001 SUNSET POINT TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANTUMA, PERSIS A. 30001 SUNSET POINT TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DANTUMA, DIRK 59 IRVINE PARK ST. PAUL, MN 55102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTUMA, JEFF 8437 RIVER BRANCH PL. SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANG, BRENDA 217 N WESTMONTE DR 2012 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTUMA, DRIES 8455 RIVER BRANCH PLACE SANFORD, FL 32771

U00000818043  
02/15/08-80027-011 150.00

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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: Persis A. Dantuma **V** 4/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #