2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39075

Entity Name: DANIEL COMMUNICATIONS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
26450 POL DAPHNE, A					
Current Mailing Address:			New Mailir	New Mailing Address:	
PO BOX 16 DAPHNE, A					
FEI Number:	63-0957776	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 32334 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E GRANT, JOSEPH PO BOX 1677 DAPHNE, AL 365		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () E BOYLAN, DANIEL 3170 REPS MILL NORCROSS, GA	ER STE 190	Title: Name: Address: City-St-Zip:	D&VP (X) Change () Addition BOYLAN, DANIEL G 3170 REPS MILLER STE 190 NORCROSS, GA 30071	
Title: Name: Address: City-St-Zip:	V () E SMALL, ALLAN 3170 REPS MILL NORCROSS, GA		Title: Name: Address: City-St-Zip:	VP&S (X) Change () Addition PAINE, LAWRENCE P.O. BOX 273478 TAMPA, FL 336883478	
Title: Name: Address: City-St-Zip:	VST () E SCHILLING, RAY P.O. BOX 273478 TAMPA, FL 3368	3	Title: Name: Address: City-St-Zip:	DAST (X) Change () Addition SCHILLING, RAYMOND P.O. BOX 273478 TAMPA, FL 336883478	
Title: Name: Address: City-St-Zip:	AS () E JOHNSON, TODE P.O. BOX 273478 TAMPA, FL 3368	3	Title: Name: Address: City-St-Zip:	VPAS (X) Change () Addition JOHNSON, TODD S P.O. BOX 273478 TAMPA, FL 336883478	
Title: Name: Address: City-St-Zip:	C () E JOHNSON, THOM P.O. BOX 273478 TAMPA, FL 3368	3	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DANIEL G. BOYLAN D&VP 04/27/2006