


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 046 ***150.00

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| DOCUMENT # P94000032023 1. Entity Name DAYSTAR INTERNATIONAL, INC. |  |
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| Principal Place of Business 5126 W. CYPRESS ST. TAMPA, FL 33607 US | Mailing Address 1202 N. HOWARD AVENUE TAMPA, FL 33607 US <i>5126 W. Cypress St. Tampa, Fl. 33607</i> |
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03202008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3239725 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FREEMAN, GLEN R
917 TERRA MAR DR.
TAMPA, FL 33613

DO NOT WRITE 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 _____
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, 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 FREEMAN, GLEN R 917 TERRA MAR DR. TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BACKUS, TIM 17104 RAINBOW TERRACE ODESSA, FL 33556 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MURRAY, CHARLOTTE 9928 ALSOBROOK AVE RIVERVIEW, FL 33569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Charlotte Murray 3-20-08 813-281-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #