
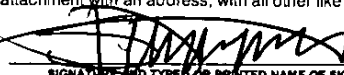


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 050 ***150.00

| | | | |
|--|---|--|---|
| DOCUMENT # P94000064407 | |  | |
| 1. Entity Name DAIRY PLAZA, INC. | | | |
| Principal Place of Business 105 SEABREEZE BLVD SUITE 105 DAYTONA BEACH, FL 32118 US | | Mailing Address P.O. BOX 4235 ORMOND BEACH, FL 32175 US | |
| 2. Principal Place of Business 101 Seabreeze Blvd | | 3. Mailing Address | |
| Suite, Apt. #, etc. Suite 105 | | Suite, Apt. #, etc. | |
| City & State Daytona Beach FL | | City & State | |
| Zip 32118 | | Country USA | |
| 4. FEI Number 59-3275590 | | 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 DELAHUNTY, TERENCE J JR. C/O FOLEY & LARDNER 111 N. ORANGE AVE., SUITE 1800 ORLANDO, FL 32801 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | |
| 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 | P VANDAGRIFF, SARAH D. 100 SEABREEZE BLVD SUITE 105 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHIDDON, MARGARET D P. O. BOX 204 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VANDAGRIFF, SARAH D P. O. BOX 4235 ORMOND BEACH, FL 32175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JONES, ELSE J. 100 SEABREEZE BLVD SUITE 105 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Reineri, Karen L PO Box 4235 Ormond Beach, FL 32175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
| 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:  | | Sarah D Vandagriff 4/10/06 | |
| <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |

Phone: 386 672 9080