2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064407

Entity Name: DAIRY PLAZA, INC.

FILED Apr 03, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Pr	New Principal Place of Business:		
101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH, FL 32118 US				500 SHADOW LAKES BOULEVARD ORMOND BEACH, FL 32174 US		
Current M	lailing Address	s:	New Ma	New Mailing Address:		
P.O. BOX ORMOND	4235 BEACH, FL 32	2175 US				
FEI Number:	: 59-3275590	FEI Number Applied For () FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agei	nt: Name a	Name and Address of New Registered Agent:		
C/O FOLE 111 N. OR	ITY, TERENCE Y & LARDNER ANGE AVE., SU D, FL 32801 US	UITE 1800				
	named entity s e of Florida.	ubmits this statement for	r the purpose of changir	g its registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	ic Signature of Registere	ed Agent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIRECT	ΓORS:	ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VANDAGRIFF, S 101 SEABREEZ	Delete SARAH D. IE BLVD., SUITE 105 CH, FL 32118 US	Title: Name: Address: City-St-Zi	VANDAGRIFF P O BOX 423		
Title: Name: Address: City-St-Zip:	VP () WHIDDON, MAR P. O. BOX 204 TALLAHASSEE,		Title: Name: Address: City-St-Zi	·) Change () Addition	
Title: Name: Address: City-St-Zip:	VANDAGRIFF, S P. O. BOX 4235		Title: Name: Address: City-St-Zi	`) Change () Addition	
Title: Name: Address: City-St-Zip:	REINERI, KAREI PO BOX 4235	Delete N L CH. FL 32175 US	Title: Name: Address: City-St-Zi) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: SARAH D VANDAGRIFF P 04/03/2008