

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90159 005 ***150.00

DOCUMENT # P94000070377

1. Entity Name
D'ASIGN GROUP, INC.



Principal Place of Business
**11500 OVERSEAS HWY
MARATHON, FL 33050**

Mailing Address
**11500 OVERSEAS HWY
MARATHON, FL 33050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0529929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'ASCANIO, FRANCO L
11500 OVERSEAS HWY
MARATHON, FL 33050**

7. Name and Address of New Registered Agent

Name **Coleman, Jerry Esq**
Street Address (P.O. Box Number is Not Acceptable)

201 Front Street, Suite 203
City **Key West** **FL** Zip Code **33040**

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 **Jerry Coleman Esq**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **D'ASCANIO, FRANCO L**
STREET ADDRESS **11500 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☐ Delete
NAME **D'ASCANIO, ANTHONY A**
STREET ADDRESS **11500 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **EVPD** ☐ Delete
NAME **D'ASCANIO, AMEDEO G**
STREET ADDRESS **11500 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☒ Delete
NAME **DESANCTIS, EUGENIO D**
STREET ADDRESS **11500 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **D** ☐ Delete
NAME **GUERIN, ROBERT**
STREET ADDRESS **119 PIRATES COVE**
CITY-ST-ZIP **STIRRUP KEY, FL 33050**

TITLE **D** ☒ Delete
NAME **DAUM, JOHN ALLEN CPA**
STREET ADDRESS **10512 SW 137TH PLACE**
CITY-ST-ZIP **MIAMI, FL 33186**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **N/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **N/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Jerry Coleman**
STREET ADDRESS **201 Front Street, Suite 203**
CITY-ST-ZIP **Key West, FL 33050**

TITLE **D** ☐ Change ☒ Addition
NAME **Duane Walker**
STREET ADDRESS **2007 Nicolas Volmer Way**
CITY-ST-ZIP **Tampa, FL 33612-2581**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amedeo D'Ascanio **4/27/06** **305-743-7130**

Date

Daytime Phone #