2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 19, 2007 08:00 AM **Secretary of State** DOCUMENT # P95000061810 1. Entity Name DANIELE ENTERPRISES, INC. Principal Place of Business Mailing Address 857 TAYLOR RD 857 TAYLOR RD PORT ORANGE, FL 32127-4350 PORT ORANGE, FL 32127-4350 07102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3328198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DANIELE, JOHN W DO NOT WRITE 857 TAYLOR RD PORT ORANGE, FL 32127 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE DANIELE, JOHN W NAME STREET ADDRESS 857 TAYLOR RD PORT ORANGE, FL 321274350 CITY-ST-ZIP TITLE U00000769464 07/19/07-80002-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP mu NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of 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 v

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP