


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State


DOCUMENT # P96000035241

1. Entity Name
 DATA BACKUP, INC.



Principal Place of Business
 640 S. WASHINGTON BLVD
 SUITE 175
 SARASOTA, FL 34236

Mailing Address
 7501 WEEPING WILLOW BLVD.
 SARASOTA, FL 34241



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0669988

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

R. JOHN COLE, II, ESQUIRE
 46 NORTH WASHINGTON BLVD., SUITE 12
 SARASOTA, FL 34236

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]* DATE: 1/7/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	MONTONEY, JIM
STREET ADDRESS	7501 WEEPING WILLOW BLVD.
CITY-ST-ZIP	SARASOTA, FL 34241
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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 01/10/07-80062-010 150.00

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: *Cheryl Montoney* 1/7/07 9419217075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #