


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
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0669988	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
R. JOHN COLE, II, ESQUIRE 46 NORTH WASHINGTON BLVD., SUITE 12 SARASOTA, FL 34236

7. Signature of Registered Agent
<i>[Signature]</i>

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 <i>[Signature]</i>	DATE <i>1/10/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MONTONEY, JIM 7501 WEEPING WILLOW BLVD. SARASOTA, FL 34241
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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: <i>Cheryl Montoney</i>	<i>1/7/07</i> <i>9419217075</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #