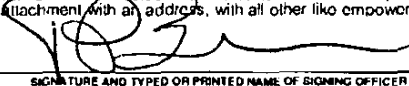


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-02-2007 90026 004 *****8.75
03-19-2007 90083 004 ***141.25

DOCUMENT # P97000000141 1. Entity Name THE DARRIS-LYN COMPANY																													
Principal Place of Business 6945 W BROWARD BLVD PLANTATION FL 33317			Mailing Address 6945 W BROWARD BLVD. PLANTATION FL 33317																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 65-0713943				☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BERMAN, PHILIP H 6945 W BROWARD BLVD. PLANTATION FL 33317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 is acceptable. (NOTE: Registered Agent signature required with new address.) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BERMAN, PHILIP H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1940 SW 67TH AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PLANTATION FL 33317</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	BERMAN, PHILIP H		STREET ADDRESS	1940 SW 67TH AVENUE		CITY- ST- ZIP	PLANTATION FL 33317		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  PHILIP BERMAN <u>2/21/07 954-797-0348</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																													