
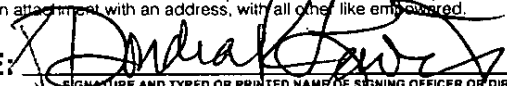


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90031 049 ***150.00

DOCUMENT # P97000026759 1. Entity Name DANALIE, INC.			
Principal Place of Business WYNKEN, BLYNKEN & NOD 522 N 3RD ST JACKSONVILLE BHC, FL 32250 US		Mailing Address 161 OCEANWALK DR S ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business - No P.O. Box # DANALIE, INC 161 OCEANWALK DR S ATLANTIC BEACH, FL 32233		3. Mailing Address e. Apt. #, etc. & State Country	
		04252008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-3432782	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, DONDRA 161 OCEANWALK DRIVE, S ALTANTIC BCH, FL 32233		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DONDRA R 161 OCEANWALK DR. S. ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attached sheet with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/25/08 Daytime Phone #: 9042413225	