2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P97000039341 1. Entity Name BARON CAPITAL OF DAYTONA, INC. Principal Place of Business Mailing Address 109 WEST COMMERCIAL STREET 109 WEST COMMERCIAL STREET SANFORD, FL 32771 US SANFORD, FL 32771 US No Chg-P CR2E034 (11/05) 04042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1591525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARCAP REALTY SERVICES GROUP, INC. DO NOT WRITE 109 WEST COMMERCIAL STREET SANFORD, FL 32771 IN THIS SPACE 3. 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 4-24-06 J. STEPHEN MICUR 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RYDELL, JEROME S NAME STREET ADDRESS 109 WEST COMMERCIAL STREET CITY-ST-ZIP SANFORD, FL 32771 TITLE MILLER, J. STEPHEN NAME U00000539366 05/09/06-80096-011 150.00 109 WEST COMMERCIAL STREET STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATLE NAME

12. I hereby certify that the information supplied with this filling 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 it 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-24 -06

407-688-7362

FILED