2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P98000061298 01-26-2005 90013 025 ***150.00 DARÉ TO BE DIFFERENT, INC. Principal Place of Business Mailing Address **805 TURNER ST 805 TURNER ST** CLEARWATER, FL 33755 40006920 CLEARWATER, FL 33755 3. Mailing Address 2015 Corona Ave 2. Principal Place of Business Suite, Apt. #, etc. 01202005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Cleaewater 59-3522074 Not Applicable Country USA Zip Country \$8.75 Additional 33765 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, HILTON Street Address (P.O. Box Number is Not Acceptable) 805 TURNER STREET CLEARWATER, FL 33755 2015 Coeona Ave Clearwater 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE The Change ☐ Addition BELL, HILTON NAME NAME 9 SOUTH LAKE DR 2015 coeona Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 cleaewater FL 33765 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITA F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a haddress, with all other like empowered.

01-20-05

FILED

Jan 26, 2005 8:00 am