## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

12. I hereby certify that the in ndicated on this report or of the corporation or the rechanged, or on an attachn

SIGNATURE:

an address, with all other like empowered.

Apr 06, 2007 08:00 A Secretary of State DOCUMENT # P99000010039 1. Entity Name DAJAN CORP. Principal Place of Business Mailing Address 4870 S. SUNCOAST BOULEVARD 4870 S. SUNCOAST BOULEVARD HOMOSASSA, FL 34446 HOMOSASSA, FL 34446 04042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3556377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARREN, H. DAVID DO NOT WRITE 4870 S. SUNCOAST BOULEVARD HOMOSASSA, FL 34446 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WARREN, H. DAVID NAME 1180 N. CIRCLE DRIVE STREET ADDRESS U00000693132 04/16/07-80027-022 150.00 CITY-ST-ZIP CRYSTAL RIVER, FL 34429 TITLE NAME WARREN, JANICE A 1180 N. CIRCLE DRIVE STREET ADDRESS CRYSTAL RIVER, FL 34429 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS COY-ST-7IP

on supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental 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 for 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

**FILED**