

FILED
Feb 16, 2006 8:00 am
Secretary of State

60010357

DOCUMENT # S26730		Secretary of State	
1. Entity Name DATON, INC.		02-16-2006 90033 010 ***150.00	
Principal Place of Business 2471 MC MULLEN-BOOTH RD SUITE 9 CLEARWATER, FL 34619		Mailing Address 2471 MC MULLEN-BOOTH RD SUITE 9 CLEARWATER, FL 34619	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ESPOSITO, TONY 2366 ANTHONY AVENUE CLEARWATER, FL 34619		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 501 MANDALAY, # 604 City CLEARWATER FL Zip Code 33767	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 VP NAME ESPOSITO, TONY STREET ADDRESS 501 MANDALAY, # 604 CITY-ST-ZIP CLEARWATER, FL 33767		TITLE P/T/S/D NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P NAME ESPOSITO, CARLA STREET ADDRESS 1402 COUNTRY TRAILS DR. CITY-ST-ZIP SAFETY HARBOR, FL 34959		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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 attachment with an address, birth or other like empowered.			
SIGNATURE: [Signature]		2/13/06 727-791-0071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	