## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 11, 2007 08:00 A Secretary of State DOCUMENT # S33648 1. Entity Name DANNY'S AUTO ALLEY, INC. Principal Place of Business Mailing Address 4655 SPRUCE CREEK RD 4655 SPRUCE CREEK RD PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 US 04072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3059459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATTS, DANIEL DO NOT WRITE 4655 SPRUCE CREEK RD PORT ORANGE, FL 32127 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. Signature, typed or printed name of registered agent and the if applicating (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WATTS, DANIEL STREET ADDRESS 4655 SPRUCE CREEK RD CITY-ST-ZIP PORT ORANGE, FL 32127 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY- ST-7IP