2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S53687 1. Entity Name DANLU, INC. Principal Place of Business Mailing Address 515 EAST LAS OLAS BLVD. 110 1222 NE 4TH AVE FT LAUDERDALE, FL 33304 US FT LAUDERDALE, FL 33301 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

SIGNATURE:

FILED Mar 23, 2007 08:00 A Secretary of State

Fee Required

Daytime Phone #



03062007 No Chg	·P CR2E034 (11/05)
4. FEI Number	Applied For
65-0267147	Not Applicable
5. Certificate of Status De	ired \$8.75 Additional

HARVEY, DANIEL 1222 NE 4TH AVE FT LAUDERDALE, FL 33304		DO NOT WRITE 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 title	if applicable (NOTE: Registered A	Agen) signature	required when reinstating)	DATE
FIL 'After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, DANIEL 1222 NE 4TH AVE FT LAUDERDALE, FL S TREMBLAY, LUCH 1222 NE 4TH AVE FT LAUDERDALE, FL	STORS ·			U00000676165 03/30/07-80047-019 150.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V			IN ⁻	THIS SPACE
TITLE NAME - STREET ADDRESS CITY-ST-ZIP					
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 of trustee empowered to effectue 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 attaching fit with hin address, with all gifted like empowered.					

NAME OF SIGNING OFFICER OF DIRECTOR