

FILED  
Apr 26, 2005 8:00 am  
Secretary of State

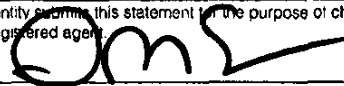
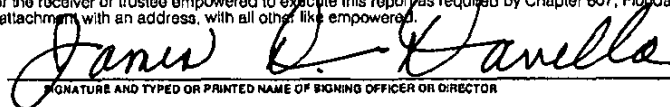
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2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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04202005 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # V36100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                                                |                                                                                                                                                 |
| 1. Entity Name<br>DANMAR, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                                 |
| Principal Place of Business<br>999 EAST CAMINO REAL<br>BOCA RATON, FL 33432 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | Mailing Address<br>999 EAST CAMINO REAL<br>BOCA RATON, FL 33432 US                                                                                                                              |                                                                                                                                                 |
| 2. Principal Place of Business<br>2290 BUTLER PIKE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | 3. Mailing Address<br>SAME<br>Suite, Apt. #, etc.                                                                                                                                               |                                                                                                                                                 |
| City & State<br>PLYMOUTH MEETING, PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | City & State                                                                                                                                                                                    |                                                                                                                                                 |
| Zip<br>19462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br>USA                                                                                         | Zip                                                                                                                                                                                             | Country                                                                                                                                         |
| 4. FEI Number<br>65-0334798                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | Applied For<br>Not Applicable                                                                                                                                                                   |                                                                                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | \$8.75 Additional Fee Required                                                                                                                                                                  |                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br>DANIELLA, JAMES D<br>999 EAST CAMINO REAL<br>BOCA RATON, FL 33432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 7. Name and Address of New Registered Agent<br>Name DAVID M. SHAW<br>Street Address (P.O. Box Number is Not Acceptable)<br>SUITE 501<br>249 ROYAL PALM WAY<br>City PALM BEACH FL Zip Code 33480 |                                                                                                                                                 |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | DAVID M. SHAW<br>4/21/05<br>DATE                                                                                                                                                                |                                                                                                                                                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>DANIELLA, JAMES D<br>999 EAST CAMINO REAL<br>BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2290 BUTLER PIKE<br>PLYMOUTH MEETING, PA 19462                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V.P.<br><input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>V.P.<br>DENNIS P. DALY<br>2290 BUTLER PIKE<br>PLYMOUTH PA 19462 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| 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 an address, with all other like empowered. |                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                                 |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | JAMES D. DANIELLA<br>04-20-05 610-825-6200<br>Date Daytime Phone #                                                                                                                              |                                                                                                                                                 |