

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90043 042 \*\*\*150.00

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01262006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # V38818</b>			
1. Entity Name DOAN, INC.		Principal Place of Business 14 SANDPIPER ST AUGUSTINE, FL 32084	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14 SANDPIPER ST AUGUSTINE, FL 32084	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3123297		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK E. PARSONS 1510 NORTH PONCE DE LEON BLVD. SUITE A ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL	
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 signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DOAN, D. RENE 14 SANDPIPER ST AUGUSTINE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.			
SIGNATURE: <u>Rene Doan</u>		Date: <u>1-28-06</u> Daytime Phone #: <u>1904471-7990</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			