## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Apr 16, 2007 08:00 All Secretary of State **DOCUMENT # V62199** 1. Entity Name DAY MARK INTERNATIONAL, INC. Principal Place of Business Mailing Address C/O CEC CORPORATION 1220 NE 11TH AVENUE FORT LAUDERDALE, FL 33304 4817 NE 23 AVENUE FORT LAUDERDALE, FL 33308 US No Chg-P CR2E034 (11/05) 02252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0357048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRANDY, DANIEL 1220 N.E. 11TH AVENUE FT. LAUDERDALE, FL 33304 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. DATE Signature, typed or profest game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPT TITLE GRANDY, DANIEL STREET ADDRESS 1220 N.E. 11TH AVENUE U000000710355 FT. LAUDERDALE, FL 33304 04/25/07-80040-013 150.00 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X 4/14/07

954-610-6218