


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90034 028 \*\*\*158.75

DOCUMENT # F0400003086 1. Entity Name DANISMINE CORP.	
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Principal Place of Business 864 ORLANDO AVENUE WEST HEMPSTEAD, NY 11552	Mailing Address 864 ORLANDO AVENUE WEST HEMPSTEAD, NY 11552
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**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3216528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SALTERS, JAMES J 517 SOUTH FRANKLIN STREET HEMPSTEAD, NY 11550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BUSH, MARTIN J 517 SOUTH FRANKLIN STREET HEMPSTEAD, NY 11550
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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: James J. Salters JAMES J. SALTERS 1/1/06 (516) 489-5943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #