


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000038747
 1. Entity Name
DDD BRAKE INCORPORATED



Principal Place of Business 764 OAK MOSS DRIVE LAWRENCEVILLE, GA 30043	Mailing Address 1360 PAWNEE STREET ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2536278	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
**LEHECKA, ALBERT G
 1360 PAWNEE STREET
 ORANGE PARK, FL 32065**

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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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

**110000315826
 04/19/05-80057-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BALLARD, JEANETTE M
STREET ADDRESS	764 OAK MOSS DRIVE
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043
TITLE	P
NAME	DACEY, JOHN A
STREET ADDRESS	764 OAK MOSS DRIVE
CITY-ST-ZIP	LAWRENCEVILLE, GA 30043
TITLE	VP
NAME	DACEY, KEVIN E
STREET ADDRESS	2295 CHIMNEY WALK DRIVE
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	FO
NAME	DEAN, CHRIS A
STREET ADDRESS	2873 MUSTY ROCK COVE
CITY-ST-ZIP	DACULA, GA 30019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Albert Lehecka* (Pres) 3/28/05 904 288 8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ALBERT LEHECKA