


**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
--	--



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$150.00 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	1100000315986 04/19/05-80057-006 150.00
---	--	--

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

**DO NOT WRITE
IN THIS SPACE**

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:  3/28/05 901 288 8878
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

ALBERT LEHECKA