2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006834

FILED Jul 16, 2008 Secretary of State

Entity Name: DD GENERA	AL SERVICES, CORP.					
Current Principal Place of Business:			New Principal Place of Business:			
17 RYBARK LANE PALM COAST, FL 32164			105 PINE GROVE DR PALM COAST, FL 32164			
Current Mailing Address:		New Ma	New Mailing Address:			
17B BRITTANY LN. PALM COAST, FL 32137			105 PINE GROVE DR PALM COAST, FL 32164			
FEI Number: 20-0599905 F	El Number Applied For()	FEI Number Not Ap	pplicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
TAX HOUSE CORPORATIC 11601 S. CLEVELAND AVE. FT. MYERS, FL 33907 U	, SUITE 6					
The above named entity sub in the State of Florida.	mits this statement for the p	ourpose of changing	g its registere	ed office or registered agent, or both,		
SIGNATURE:						
Electronic S	Signature of Registered Age	ent		Date		
In accordance with s. 607.193(2) Election Campaign Financing Tr		t receive the prior no	tice.			
OFFICERS AND DIRECTO	* *	ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECTOR	₹S:	
Title: PD () Del Name: COGO, DECIO A Address: 17 RYBARK LANE City-St-Zip: PALM COAST, FL Title: VD () Del Name: COGO, DORALICE Address: 17B BRITTANY LN. City-St-Zip: PALM COAST, FL Title: () Del Name: Address:	32164 ete 32137	Title: Name: Address: City-St-Zip Title: Name: Address: City-St-Zip Title: Name: Address:	VD COGO, DC 105 PINE (GROVE DR ST, FL 32164 (X) Change () Addition GRALICE GROVE DR ST, FL 32164 () Change (X) Addition		
City-St-Zip:		City-St-Zip	: PALM COA	ST, FL 32164		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DECIO COGO PD 07/16/2008