2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118309

Entity Name: DKRUMWIEDE INC.

City-St-Zip:

APOPKA, FL 32703

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3635 LAKEVIEW DRIVE APOPKA, FL 32703 **Current Mailing Address: New Mailing Address:** 3635 LAKEVIEW DRIVE APOPKA, FL 32703 FEI Number: 30-0382406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRUMWIEDE, DONNA 3635 LAKEVIEW DRIVE APOPKA, FL 32703 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KRUMWIEDE, DONNA Name: Name: 3635 LAKEVIEW DRIVE Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: VP/T () Delete Title: () Change () Addition KRUMWIEDE, DONNA Name: Name: 3635 LAKEVIEW DRIVE Address: Address: APOPKA, FL 32703 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition KRUMWIEDE, DONNA Name: Name: 3635 LAKEVIEW DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: DONNA KRUMWIEDE P/D 04/09/2009