

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09081

FILED
Jan 08, 2008
Secretary of State

Entity Name: DERN CAPITAL MANAGEMENT CORPORATION

Current Principal Place of Business:

7777 GLADES ROAD
207A
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

7777 GLADES ROAD
207A
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-0316736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DERN, ALVIN
7777 GLADES ROAD
207A
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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:

Title: S/T () Delete
Name: DERN, ALVIN
Address: 6745 WOODBRIDGE DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: DERN, ALVIN
Address: 6745 WOODBRIDGE DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: DERN, MARK R
Address: 4417 WOODFIELD BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: DERN, MARK R
Address: 4417 WOODFIELD BLVD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALVIN DERN

_____ Electronic Signature of Signing Officer or Director

DST

01/08/2008

_____ Date