

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621674

Entity Name: DGM ASSOCIATE, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1202 HAMMONDVILLE ROAD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 610054
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 59-1911033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWHORTER, DELMAR G PRES
447 LAGOON COURT
KENANSVILLE, FL 34739 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: PD () Delete
Name: MCWHORTER, DELMAR G PRES
Address: 447 LAGOON COURT
City-St-Zip: KENANSVILLE, FL 34739 US

Title: STD () Delete
Name: MCWHORTER, MYRA
Address: 447 LAGOON CT
City-St-Zip: KENANSVILLE, FL 34739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MYRA MCWHORTER

STD

01/12/2009

Electronic Signature of Signing Officer or Director

Date