


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 685893 1. Entity Name DBC CORPORATION	
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Principal Place of Business 2801 NEW MEXICO AVE 1224 WASHINGTON, DC 20007	Mailing Address 2801 NEW MEXICO AVE 1224 WASHINGTON, DC 20007
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02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017558	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 DE BORCHGRAVE, ARNAUD DBC CORPORATION 100 WORTH AVE #703 PALM BEACH, FL 33480

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000648596 03/07/07-80014-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DE BORCHGRAVE, ALEXANDRA
STREET ADDRESS	100 WORTH AVENUE #703
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	C
NAME	DE BORCHGRAVE, ARNAUD
STREET ADDRESS	100 WORTH AVENUE #703
CITY- ST- ZIP	PALM BEACH, FL 33480
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information stated 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandra de Borchgrave*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07 202-333-5434
Date Daytime Phone