2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#828149

Entity Name: DMJM H&N, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071 **Current Mailing Address: New Mailing Address:** 515 SOUTH FLOWER STREET 4TH FLOOR LOS ANGELES, CA 90071 FEI Number: 95-2084998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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 LANDY, RAYMOND Name: Name: 515 SOUTH FLOWER STREET Address: Address: City-St-Zip: LOS ANGELES, CA 90071 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MILLER, ROBYN Name: 515 SOUTH FLOWER STREET Address: Address: City-St-Zip: LOS ANGELES, CA 90071 City-St-Zip: Title: () Delete Title: () Change () Addition DESLATTE, DENNIS Name: Name: 999 TOWN & COUNTRY RD. Address: Address: ORANGE, CA 92868 City-St-Zip: City-St-Zip: Title: SRVP () Delete Title: (X) Change () Addition FLYNN, DAVID M ELLIS, JOSEPH Name: Name: Address: 999 TOWN AND COUNTRY ROAD Address: 999 TOWN AND COUNTRY ROAD City-St-Zip: ORANGE, CA 92868 City-St-Zip: ORANGE, CA 92868 Title: Title: () Delete () Change () Addition CRUZ. JESUS Name: Name: 800 DOUGLAS ENTRANCE, 2ND FLOOR Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition KLEM, DEBORAH Name: Name: 800 DOUGLAS ENTRANCE Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBYN MILLER S 04/03/2007