ANNUAL KEPUKI (AK)

DOCUMENT # F0000001880 1. Entity Name **FILED** D.N. INTERNATIONAL, INC. Apr 28, 2006 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 1836 N.W. 21 STREET 1836 N.W. 21 STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 76-0598616 Not Applicat: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARYANANI, MANOJ RAMCHAND Street Address (P.O. Box Number is Not Acceptable) 1836 N.W. 21 STREET **MIAMI FL 33142** City Zip Code 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. Signature. Typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Adeition NAME DARYANANI, NARESH NAME U00000543118 STREET ADDRESS 1836 N.W. 21 STREET STREET ADDRESS 05/10/06-80125-012 150.00 CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MANOJ, DARYANANI HAME NAME STREET ADDRESS 1836 NW 21 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY - ST - ZIP THLE ☐ Delete ☐ Change ☐ Addan NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY - ST- ZIP BILE ☐ Defete TITLE Сhалge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chapoe Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change TITLE ☐ Addiiii NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated 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 changed, or on an attachment with an address, with all other like empowered.

VICE PRESIDENT

SIGNATURE: