2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F02000004972

DMI-DELAWARE, INC.



Principal Place of Susiness

1111 THIRD AVE. WEST

SUITE 250

BRADENTON, FL 34205

Mailing Address

1111 THIRD AVE. WEST SUITE 250

BRADENTON, FL 34205

FILED

Jul 19, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

CR2E034 (10/03)

4. FEI Number 65-1100691

07122004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

No Chg-P

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							
Sugnature, typed or printed name of registered agent and size if applicable. (NOTE, Registered Agent algorithm required when reinstalling)					STAG	-	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finance Trust Fund Contribution.			ng 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	ÖFFICERS AND DIRE	CTORS	7V=	::			
Title Name Sireet address City-St- <i>II</i> P	PDCE GRYWALSKI, FRANK 1111 THIRD AVE, WEST BRADENTON, FL 34205				71000000766859 07/19/04-80001-4	314 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNY, GEORGE P III 1111 THIRD AVE, WEST BRADENTON, FL 34205					in the second of	
Title Name Street address City-SI-Zip	D GATES, PETER 1111 THIRD AVE. WEST BRADENTON, FL 34205			DO	NOT WRITE	i ana sus akid	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Service of Algoria	सर्वेत राज्याच्या		
TITLE NAME STREET ACCRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: