2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

FILED
Feb 20, 2007 8:00 am
Secretary of State
01-24-2007 90043 001 ***150.00

DOCUMENT # F02000004972

1. Entity Name
DMI-DELAWARE, INC.

Principal Place of Business	Mailing Address
1111 THIRD AVE. WEST SUITE 250 BRADENTON, FL 34205	1111 THIRD AVE. WEST SUITE 250 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1100691
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDCE
NAME	GRYWALSKI, FRANK
STREET ADDRESS	1111 THIRD AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	DENNY, GEORGE P III
STREET ADDRESS	1111 THIRD AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	GATES, PETER
STREET ADDRESS	1111 THIRD AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Frank Grywalski FRANK GRYWALSKI 2/13/07 941-748-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #