2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000179

Entity Name: DH & ASSOCIATES, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6151 POWERS FERRY ROAD, SUITE 160 ATLANTA, GA 30339

Current Mailing Address: New Mailing Address:

6151 POWERS FERRY ROAD, SUITE 160 ATLANTA, GA 30339

FEI Number: 58-1782596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLDER, DOUGLAS JR.
529 SOUTH FLAGLER DRIVE, 11-E
WEST PALM BEACH, FL 33401 US
HOLDER, DOUGLAS JR.
622 N. FLAGER DRIVE
#303

WEST PALM BEACH, FL 33401 US

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: 07/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition

Name:HOLDER, DOUGLASName:HOLDER, DOUGLASAddress:646 FERN STREETAddress:622 NORTH FLAGLER DRIVE, #303City-St-Zip:WEST PALM BEACH, FL 33401City-St-Zip:WEST PALM BEACH, FL 33401

Title: VD () Delete Title: VD (X) Change () Addition

Name: HOLDER, DOUGLAS JR. Name: HOLDER, DOUGLAS JR.

Address: 592 SOUTH FLAGER DRIVE, 11-E Address: 622 NORTH FLAGLER DRIVE, #303 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete Title: STD (X) Change () Addition Name: HOLDER, CAROLYN ANN Name: HOLDER, CAROLYN ANN

Address: 646 FERN STREET Address: 622 NORTH FLAGLER DRIVE, #303 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS HOLDER PCD 07/01/2004