2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

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## DOCUMENT # F04000007226 2006 NOV -1 -PM 12: 42 DOLLAR INVESTMENT CORP OF MEMPHIS SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3426 PARK AVENUE 3426 PARK AVENUE MEMPHIS, TN 38111 MEMPHIS, TN 38111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10162006 Chg-P CR2E034 (11/05) City & State City & State 4 FEI Number Applied For 62-1824722 Not Applicable 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 Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE □ Delete TITLE conetary Change ■ Addition DAVIS, CLEO Davis, Cleo 3426 PARK NAME NAME STREET ADDRESS 3426 PARK AVENUE STREET ADDRESS Ave CITY-ST-ZIP MEMPHIS, TN 3811 CITY-ST-71P +Enn menuphis, TITLE Ρ ☐ Delete TITLE CEO / Pie's ☐ Addition NAME MILLER, RYAN NAME Ryan millèr, 3426 PAKK AUR STREET ADDRESS 3426 PARK AVENUE STREET ADDRESS 38111 CITY-ST-ZIP MEMPHIS, TN 3811 CITY-ST-ZIP s TITLE TITLE Change Addition Delete NAME BENARD, D NAME STREET ADDRESS 3426 PARK AVENUE STREET ADDRESS CITY-ST-ZIP MEMPHIS, TN 3811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Channe ☐ Addition 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 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.

11/20

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