2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 14, 2007 8:00 am Secretary of State DOCUMENT # F06000000689 05-14-2007 90096 045 ***150.00 D & M DETAILERS, INC. Principal Place of Business Mailing Address 40112220 647 34TH AVE. N. 647 34TH AVE. N. SAINT PETERSBURG, FL 33704 SAINT PETERSBURG, FL 33704 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11886 93RD WAY N. 93 PD WAY N 11886 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05092007 Chg-P 4. FEI Number Applied For City & State City & State FL. LARG 0 LARGO FL. 01-0584141 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ÚSA 1SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOEL J. FERRETTI FERRETTI, JOEL J Street Address (P.O. Box Number is Not Acceptable) 647 34TH AVE. N. SAINT PETERSBURG, FL 33704 City LARGO Zip Code 33773 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. SECRETARY J. FERRETTI JOEL SIGNATURE (NOTE: Registered Agent signature required when reinstating ame of registered agent and title if applicable 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition TITLE ☐ Delete TITLE FERRETTI, DATRICIA E 11886 93 RD WAY N LARGO, FL, 33773 FERRETTI, PATRICIA E NAME NAME STREET ADDRESS 647 34TH AVE. N. STREET ADDRESS SAINT PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Addition TOTALE NAME FERRETTI, JOEL J FERRETTI JOEL J. 11886 93'RD WAY N. 647 34TH AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33704 CITY-ST-ZIP WAGO, FL, 33773 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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. SECRETARY JOEL J. FEREGITT SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED