
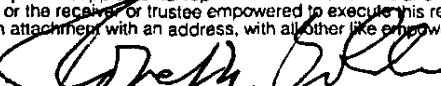


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-20-2004 90024 049 ***150.00

DOCUMENT # F93000000614 1. Entity Name DHD NEVADA CORP.					
Principal Place of Business C/O 600 CENTRAL AVE SUITE 365 HIGHLAND PARK IL 60035			Mailing Address C/O 600 CENTRAL AVE SUITE 365 HIGHLAND PARK IL 60035		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-3617048	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee:		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, NATHAN 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZBERG, ALBERT 60 MAIN STREET WHITE PLAINS NY 10606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEFKOVITZ, EDWIN 253 E. DELAWARE, #10B CHICAGO IL 60611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NESHEK, THOMAS 14 E. WALWORTH ST. ELKHORN WI 53121	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV GOLDMAN, ROBERT U 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	44 South Broadway, Suite 614 10601				
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Robert U. Goldman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/22/2004 Daytime Phone (847) 432-36		