FOR PROFIT CORPORATION 2002

FILED May 02, 2002 8:00 am

Otti Ottii DOOMESS REPORT (OBR)					Secretary of State		
DOCUMENT # F93000001572  1. Entity Name					05-02-2002 90046 013 ***150.00		
DOMIN	ION INTERNATIONAL CORI	PORATION OF DEL	AWARE	V			
	DO NOT WRITE	IN THIS SI	PACE	=			
	Place of Business Laza Rea1	3. Mailing Address 433 Plaza Real			1.		
Suite, Apt 275	. #, etc.	Suite, Apt. #, etc. 275 c/o R. Heagy			DO NOT WRITE IN THIS SPACE		
City & Sta Boca I	te Raton, FL	City & State Boca Raton, FL			<b>4</b> . F	FEI Number 58–1715515	Applied For Not Applicable
Zip 33432 Country USA		<sup>Zip</sup> 33432	Country USA		5. (	Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registered Agent			
				Name CT Corporation Courter			
	DO NOT W	RITE			CT Corporation System et Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island		
IN THIS SPACE				1200 South Pine Island Road			
				City Plantation FL Zip Code 33324			Zip Code 33324
8. The above	named entity submits this statement for	the purpose of changing its	registered o	office or registere	ed age	ent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if anniicable (NOTE	Registered An	 ent signature required s	uthon roi	nstating) DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			10. Election Campaign Financing	\$5.00 May Be Added to Fees	
		Make Check Payabi	le to Depa	rtment of State	9		
TITLE	OFFICERS AND D	IRECTORS					
NAME	BLODGETT, HERBERT B		TITLE NAME				
STREET ADDRESS	433 PLaza Roal #275		STREET AL	nnaree			
CITY-ST-ZIP	Roca Raton FI 33/32		CITY-ST-	1			
TITLE	VSD		TITLE				
NAME	HEAGY, RICHARD H		NAME				
STREET ADDRESS	.00 TEGER REGET #2/5		STREET AL	DDRESS			
CITY-ST-ZIP	Boca Raton, FL 33432			ZIP °			
TITLE	VD		TITLE				
NAME	GALLAGHER, JOHN		NAME				
STREET ADDRESS	Holmdol NI 07732		STREET AD	DORESS	DO NOT WRITE		TE
		CITY-ST-	ZIP				
			TITLE		IN THIS SPACE		
CTDCCT LUBDCCO		NAME CONCOLAR	PDF66		IIIO OI A	<b>-</b>	
CITY-ST-ZIP			STREET AD				,
TITLE				-11			
NAME			TITLE NAME				
STREET ADDRESS			STREET AD	DRESS			
CITY-ST-ZIP			CITY-ST-2	1			
TITLE		· · · · · · · · · · · · · · · · · · ·	TITLE				

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RICHARD H HEAGY

4/22/02

561-361-4812

<sup>13.</sup> 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 11 or on an attachment with an address, with all other like empowered.