2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# F94000006029

Entity Name: DILLARD-LEWIS, INC.

Current Principal Place of Business:

P.O. BOX 40686
RALEIGH, NC 27629

New Principal Place of Business:

4209 WILLOW OAK RD
RALEIGH, NC 27604

Current Mailing Address:

P.O. BOX 40686
RALEIGH, NC 27629

New Mailing Address:

FEI Number: 56-1411884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIER, HOLLY
286 LANCASTER AVE.
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHELTON, STEVEN
Address: 4216 PIN OAK ROAD
City-St-Zip: RALEIGH, NC 27604

Title: CEOT ( ) Delete
Name: DILLARD, JUDY H
Address: 7837 STONY HILL ROAD
City-St-Zip: WAKE FOREST, NC 27587

Title: VP ( ) Delete
Name: CLUFF, KATHRYN A
Address: 220 WILSON JONES ROAD
City-St-Zip: CLAYTON, NC 27520

Title: S ( ) Delete
Name: JACKSON, WILBERT JR
Address: 3925 LIVE OAK RD
City-St-Zip: RALEIGH, NC 27604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHRYN A CLUFF VP 04/29/2007

Electronic Signature of Signing Officer or Director Date