


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F94000006379		
1. Entity Name D & F PAYROLL AGENTS, INC.		

FILED

2007 AUG 22 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9286 WARWICK BLVD. NEWPORT NEWS, VA 23607	Mailing Address 9286 WARWICK BLVD. NEWPORT NEWS, VA 23607
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2. Principal Place of Business - No P.O. Box # 11824 Fishing Point Dr.	3. Mailing Address 11824 Fishing Point Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08132007 Chg-P CR2E034 (12/06)

City & State Newport News, VA	City & State Newport News, VA
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4. FEI Number 54-1298452	Applied For <input type="checkbox"/> Not Applicable
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Zip 23606	Country USA	Zip 23606	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUNTER, DANIEL M 243 WEST PARK AVENUE WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent Name MARCHMAN, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 227 WEST PARK AVENUE City WINTER PARK, FL Zip Code 32789	
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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  8/13/07
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, ERWIN B 9286 WARWICK BLVD. NEWPORT NEWS, VA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, WENDY C. 11824 Fishing Point Drive Newport News, VA 23606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FALK SR, DAVID C 9286 WARWICK BLVD. NEWPORT NEWS, VA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ASST. SECY/D FALK, JR., DAVID C. 11824 Fishing Point Drive Newport News, VA 23606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP MELVIN, RONALD B 9286 WARWICK BLVD. NEWPORT NEWS, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP MELVIN, RONALD B. 11824 Fishing Point Drive Newport News, VA 23606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP FLAK-TILLET, KELLIE 9286 WARWICK BLVD. NEWPORT NEWS, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP FALK-TILLET, KELLIE 11824 Fishing Point Drive Newport News, VA 23606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUCK, GUY J 9286 WARWICK BLVD. NEWPORT NEWS, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUCK, GUY J. 11824 Fishing Point Drive Newport News, VA 23606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  RONALD B. MELVIN 8-14-07 7572451541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/23
aw