



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000002731</b> 1. Entity Name DMC CAPITAL MARKETS, INC.	
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Principal Place of Business 7578 EL CAJON BOULEVARD LA MESA, CA 91941-4646	Mailing Address 7578 EL CAJON BOULEVARD LA MESA, CA 91941-4646
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04062004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 33-0149431	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303
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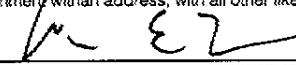
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000105945 04/07/04 80047 892 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KRUEGER, RON 7578 EL CAJON BLVD LA MESA, CA 919414646
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TRASK, WILLIAM E 7578 EL CAJON BLVD LA MESA, CA 919414646
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUEGER, FRANK 7578 EL CAJON BLVD LA MESA, CA 919414646
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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 11 if changed, or on an attachment within an address, with all other like empowered.	
SIGNATURE:  <b>William E. Trask</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>04/06/04 (619)589-5256</b> <small>Date Daytime Phone #</small>
<b>Vice President</b>	<b>xlll</b>