## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 12, 2005 08:00 AM Secretary of State

DOCUMENT # F9600002731  1. Entity Name DMC CAPITAL MARKETS, INC.					Secre	tary of Stat
	e of Business ON BOULEVARD . 91941-4646	Mailing Address 7578 EL CAJON BOULEVARD LA MESA, CA 91941-4646			IA NAKSA BININ BAKSI BAKSI BENIN BAKSI BAKKA NI	AK KRAKA TIJAL MANKAL KI KRAI
D	O NOT WRITE	CE	04062005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed name of registered agent and the II applicable (NOTE Registered Agent signature required when re installig).  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PTD KRUEGER, RON 7578 EL CAJON BLVD LA MESA, CA 919414646	ECTORS .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRASK, WILLIAM E 7678 EL CAJON BLVD LA MESA, CA 919414646	400			U0000030054 04/12/05-80024	6 -010 158.75
NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, FRANK 7678 EL CAJON BLVD LA MESA, CA 919414646		<u> </u>		NOT WRITE	· J
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>€</i> =1881			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						24.00
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block10 or Block11 if changed, or on an attachment withan address, with all other like empowered.						

-William E. Trask, Vice President 04/06/05 (619)589-5256

Daytime Phone #