2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 10, 2004 8:00 am Secretary of State DOCUMENT # F99000004127 08-10-2004 90005 004 ***558.75 DHI, INC. 24079500 Mailing Address Principal Place of Business 301 S STATE STREET 301 S STATE STREET NEWTOWN, PA 18940 NEWTOWN, PA 18940 -2. Principal Place of Business 3. Mailing Address 319 SW Washington St 319 SW Washington 54 CR2E034 (10/03) 08022004 Chg-P Suite 4. FEI Number Applied For 23-2904467 Not Applicable Oregon Portland Country \$8.75 Additional 5. Certificate of Status Desired USA 97204 Fee Required 97204 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS INTERNATIONAL, INC. 401 OCEAN DRIVE #312 (DOOR CODE 125) Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139-6629 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PST** Delete TITLE Change ☐ Addition TITLE wood, David KJELDS, JESPER NAME NAME 319 sw washington St. Suite 614 STREET ADDRESS STREET ADDRESS 301 S STATE ST NEWTOWN, PA 18940 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change KEJ. ASGER NAME MAME Brevard Avenue STREET ADDRESS AGERN ALLE 5, 2970 HOERSHOLM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENMARK. Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME Hoer sholm 5, 2970 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 lake empowered. changed, or on an attachment with an address, with all other

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(503) 827 · 5900

FILED

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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		4		23-290 4 5. Certificate of	of Status Desired		Not Applicable 5 Additional Required
6. Name and Address of Current Registered Agent CORPORATE CREATIONS INTERNATIONAL, INC. 401 OCEAN DRIVE #312 (DOOR CODE 125) MIAMI BEACH, FL 33139-6629 8. The above named entity submits this statement for the purpose of changing its registered of				IN T	NOT W HIS SP	ACE	ar with, and accept
the obligati	ions of registered agent.						
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be		DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PST KJELDS, JESPER 301 S. STATE ST NEWTOWN, PA 18940	CTORS				,	
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indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	and accurate and that my signa d to execute this report as requ	ture shall have the	same legal effect	as if made under o	eath; that I am an	officer or director

Date

Daytime Phone #