2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94854

Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2009 Secretary of State

Entity Name: DDG ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2836 U.S. HWY A-19 PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 2836 U.S. HWY A-19 PALM HARBOR, FL 34683 FEI Number: 59-2415199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DRULIAS, PETER 2773 QUÁIL HOLLOW ROAD WEST CLEARWATER, FL 33761 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DRULIAS, PETERLAS, Name: Name: PETER DRULIAS, 2773 QUAIL HOLLOW RD WEST 2773 QUAIL HOLLOW RD WEST Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: Title: () Change () Addition () Delete Name: DOTHE, KATHERINE Name: 2086 SWAN LANE Address: Address: PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition DOTHE, FIDEL C Name: Name: 2086 SWAN LANE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER DRULIAS PD 04/05/2009

() Delete

PALM HARBOR, FL 346853325

DRULIAS, WILLIAM

1809 SPUR LANE

() Change () Addition