2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 08, 2005 8:00 am Secretary of State **DOCUMENT # H50872** 03-08-2005 90188 029 ***150.00 1. Entity Name **DGH CORPORATION** Principal Place of Business Mailing Address 50023922 C/O DAVIS, MATTHEW 11046 OAKWAY CIR 2430 S. WALLEN DRIVE PALM BEACH GDNS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 CR2E034 (10/03) Chg-P City & State Applied For City & State 4. FEI Number 59-2536956 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, JOHN MAX Street Address (P.O. Box Number is Not Acceptable) 11046 OAKWAY CIRCLE PALM BEACH GARDENS, FL 33410 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Addition TITLE ☐ Delete TITLE DAVIS, JOHN MAX NAME NAME STREET ADDRESS 11046 OAKWAY CIRCLE STREET ADDRESS CITY-ST-ZIP PALM BEACH GDNS, FL CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, JAMES M NAME NAME STREET ADDRESS 17601 103RD TERR STREET ADDRESS JUPITER, FL 33478 CITY-ST-7IP CITY+ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE DAVIS: ROWNA NAME NAME 17601 3RD TERR STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33478 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVIS, BETTY D NAME 11046 OAKWAY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PB GARDENS, FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY+ST-ZIP 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 with an address, with all other like empowered.

FILED

Daytime Phone #