


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H69383 1. Entity Name DV PROPERTIES, INC.	
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Principal Place of Business C/O W. ROBINSON FRAZIER 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204	Mailing Address C/O W. ROBINSON FRAZIER 1515 RIVERSIDE AVE, STE A JACKSONVILLE, FL 32204
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2806292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204	DO NOT WRITE IN THIS SPACE
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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEWTON, RUSSELL B., III 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NEWTON, JAMES H. 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE, #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST MCCLURE-SANDS, DARLA 1515 RIVERSIDE AVE #A JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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--01/09/06-80007-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Robinson Frazier

1-3-06

904-353-5616

Daytime Phone #