


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # H76728 1. Entity Name DUFY AMERICA SERVICES, INC.	
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Principal Place of Business 10300 N.W. 19TH ST. SUITE 114 MIAMI, FL 33172	Mailing Address P.O. BOX 226170 MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2597917	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

HENDRY, STONER, DELANCETT & BROWN, PA
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

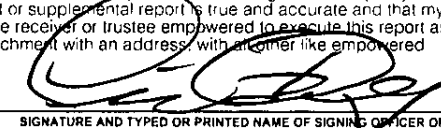
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000792610 01/24/08-80012-030 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HENDRY, ROBERT R 20 N ORANGE AVE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTAOLA, LUIS 10300 NW 19TH ST SUITE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, PATRICIA W 10300 NW 19 STREET SUITE114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JOSE 10300 NW 19 STREET SUITE114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHILL, JOSEPH G 10300 NW 19TH ST., STE 114 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered

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

Date: 1/10/08 Daytime Phone #