


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90101 029 ***150.00

DOCUMENT # J21248		
1. Entity Name D. VELTMAN, INC.		

Principal Place of Business 455 N. INDIAN ROCKS RD. SUITE B BELLEAIR BLUFFS, FL 33770 US	Mailing Address 455 N. INDIAN ROCKS RD. SUITE B BELLEAIR BLUFFS, FL 33770 US
---	---

60037016

2. Principal Place of Business 1180 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA	3. Mailing Address 1180 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA
---	--



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2706228	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 VELTMAN, DAVID M. 455 N INDIAN ROCKS RD, S TE B BELBAIR BLUFFS, FL 33770	
7. Name and Address of New Registered Agent Name Greg Veltman Trustee, David M. Veltman Trust Street Address (P.O. Box Number is Not Acceptable) 1180 Ponce De Leon Blvd Suite 201 City Clearwater, FL FL Zip Code 33756	

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:  Greg D. Veltman 4/26/06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VELTMAN, DAVID M. 455 N. INDIAN ROCKS RD., SUITE B BELLEAIR BLUFFS, FL 33770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VELTMAN, GREG 455 N. INDIAN ROCKS RD., SUITE B BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veltman, Greg 1180 Ponce De Leon Blvd Suite 201 Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKLES, WM G. 455 N. INDIAN ROCKS RD., SUITE B BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Buckles, Wm. G. 1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL. 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Greg D. Veltman 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #