


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # J57815 1. Entity Name DDL, INC.		
Principal Place of Business 14501 S.E. US HWY 301 SUMMERFIELD, FL 34491		Mailing Address 14501 S.E. US HWY 301 SUMMERFIELD, FL 34491
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ENGER, DEBRA 14501 SE US HWY 301 SUMMERFIELD, FL 34491		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LINN, DELAYNE 739 E. CHAPIN ST. MORRIS, IL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LINN, DELORES 739 E. CHAPIN ST. MORRIS, IL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ENGER, KENNETH 14501 SE US HWY 301 SUMMERFIELD, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ENGER, DEBRA 14501 SE US HWY 301 SUMMERFIELD, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Kenneth Enger</u> <u>Kenneth Enger</u> <u>7-9-07</u> <u>352-245-6348</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2771623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/10/07-80007-005 550.00

**DO NOT WRITE
IN THIS SPACE**