2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

S. Carificate of Status Desired	1. Entity Nam	MENT # L02998 DCKING, INC.				Secreta	iry of s	State
DO NOT WRITE IN THIS SPACE A 7EI Number Applied For 59-2952007 Inkid Applied For 59-29	-		=		1			
DO NOT WRITE IN THIS SPACE 4. FEI Number 159-2962007 6. Name and Address of Current Registered Agent MURPHY, LORRAINE 34546 MERION CT. DADE CITY, FL 33525 8. The above numed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formitist with, and accept line obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formitist with, and accept line obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formitist with, and accept line obligations of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formitist with, and accept line obligations of registered agent and the purpose of remarks agent agent and the purpose of purpose of precisions. In this space. FILE NOW/III FEE IS \$190.00 After May 1, 2006 Fee with the \$550.00 9. Election Campaign Financing Trust Fund Contribution. DO NOT WRITE 100,0000486959 04/13/06-80058-011 150.00 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE					F (##1 #13 #3)	 	i Akan dian bian bib	I WEEDEL BESTEREN WAS SE STUDE
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6. Name and Address of Current Registered Agent MURPHY, LORRAINE 34546 MERION CT. DADE CITY, FL 33525 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 em familiar with, and accept the obligations of registered agent and provided agent and the statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 em familiar with, and accept the obligations of registered agent	Γ	O NOT WRITE	IN THIS SPA	CE			CR2E034 (·
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 cath; 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 ettachment with an address, with all other like empowered.