



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L05000006774 1. Entity Name DK FINANCIAL SERVICES, LLC	
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FILED

08 FEB 19 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3137 49TH STREET NORTH ST. PETERSBURG FL 33710 US	Mailing Address 3137 49TH STREET NORTH ST. PETERSBURG FL 33710 US
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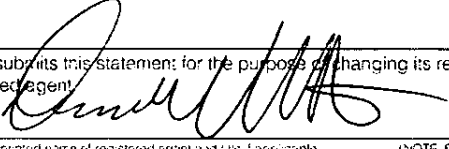
2. Principal Place of Business - No P.O. Box # 7800 1st Ave S Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State		
Zip 33707	Country USA	Zip	Country

4. FEI Number 20-2458249	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, DEAN F 3137 49TH STREET NORTH ST. PETERSBURG FL 33710	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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  DATE 2-6-08

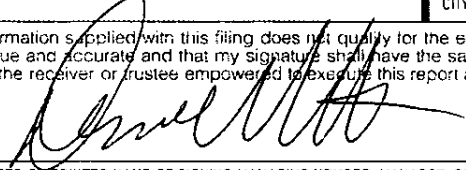
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	P	<input type="checkbox"/>
NAME	SMITH, DEAN F	
STREET ADDRESS	3137 49TH STREET NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/>
NAME	SMITH, KAYE B	
STREET ADDRESS	3157 49TH ST N	
CITY - ST - ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 2-6-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE