

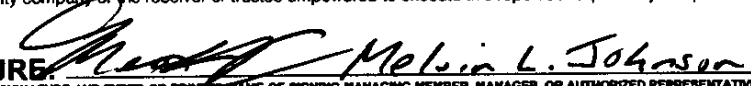


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90020 047 \*\*\*\*50.00

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| DOCUMENT # L05000113102  |  |                                 |   |  |  |
| 1. Entity Name<br>DCD DOT COM LLC  |  |                                 |   |   |  |
| Principal Place of Business<br>4025 TAMPA ROAD, SUITE 1205<br>OLDSMAR, FL 34677  |  |                                 | Mailing Address<br>4025 TAMPA ROAD, SUITE 1205<br>OLDSMAR, FL 34677 |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |   |  |
| City & State   |  | City & State                    |   |   |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number   |  |
|  |  |                                 |   | 03242006 Chg-LLC CR2E083 (11/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br>BUSINESS FILINGS INCORPORATED<br>1203 GOVERNORS SQUARE BLVD., SUITE 101<br>TALLAHASSEE, FL 32301-2960   |  |                                 |   | 7. Name and Address of New Registered Agent                                       |  |
|  |  |                                 |   | Name<br>Melvin L. Johnson   |  |
|  |  |                                 |   | Street Address (P.O. Box Number is Not Acceptable)<br>4025 Tampa Road, Suite 1205 |  |
|  |  |                                 |   | City<br>Oldsmar FL Zip Code<br>34677  |  |
| 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  Melvin L. Johnson   |  |                                 |   | DATE 3/27/06  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |  |                                 |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |                                 | Make check payable to<br>Florida Department of State                |   |  |
| 9. MANAGING MEMBERS / MANAGERS   |  |                                 | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>JOHNSON, MEL<br>4025 TAMPA ROAD, SUITE 1205<br>OLDSMAR, FL 34677  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>SULLIVAN, JON<br>4025 TAMPA ROAD, SUITE 1205<br>OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 11. 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 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  Melvin L. Johnson  |  |                                 |   | DATE 3/27/2006 (813) 818-8744   |  |
| Signature and typed or printed name of signing managing member, manager, or authorized representative  |  |                                 |   | Daytime Phone #   |  |