2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41625

Entity Name: D&L ENTERPRISES OF NORTHEAST FLORIDA, INC.

FILED Apr 02, 2006 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

C/O KIRK D. HUGHES

14111 PLEASANT POINT LANE

JACKSONVILLE, FL 32225

C/O KIRK D. HUGHES

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

C/O KIRK D. HUGHES

14111 PLEASANT POINT LANE

JACKSONVILLE, FL 32225

C/O KIRK D. HUGHES

2049 RIVERS OWN ROAD

SAINT AUGUSTINE, FL 32092

FEI Number: 59-2991209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUGHES, KIRK D.

14111 PLEASANT POINT LANE
JACKSONVILLE, FL 32225 US

HUGHES, KIRK D.

2049 RIVERS OWN ROAD
SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: KIRK D. HUGHES 04/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HUGHES, KIRK D., HUGHES, KIRK D., Name: Name: 14111 PLEASANT POINT LN. 2049 RIVERS OWN ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HUGHES, DIANE L.,
 Name:
 HUGHES, DIANE L.,

 Address:
 14111 PLEASANT POINT LN.
 Address:
 2049 RIVERS OWN ROAD

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 SAINT AUGUSTINE, FL
 32092

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 WORTMAN, PENNY M.,

 Address:
 Address:
 5937 OAK LANE DRIVE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK D. HUGHES PRES 04/02/2006