


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L68720	
1. Entity Name D.C.H. DESIGNS, INC.	

Principal Place of Business DAN HULL 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL 32714	Mailing Address DAN HULL 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3009098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HULL, DANIEL C
101 CANDLEWICK ROAD
ALTAMONTE SPRINGS, FL 32714**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000569977
07/13/06-80011-007 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HULL, DAN 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINGS, CHERYL 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **7/10/06** **407-788-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #