2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-30-2008 90154 043 ***158.75

DOCUMENT # L97860

1. Entity Name
D & M ENTERPRISES OF BREVARD, INC.

Principal Place of Business	Mailing Address
4011 DIGITAL LIGHT DR STE 101 MELBOURNE, FL 32934 US	4011 DIGITAL LIGHT DR STE 101 MELBOURNE, FL 32934 US

66012159

04092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1299 Bedford DR		P.O. BOX 410651	
Suite, Apt. #, etc. Suite B1		Suite, Apt. #, etc. melbourne FL	
City & State Melbourne, FL		City & State 32941	
Zip 32940	Country USA	Zip	Country

4. FEI Number 59-3033981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, MONA LISA
4011 DIGITAL LIGHT DR
STE 101
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name: Mona Lisa Wilcox
Street Address (P.O. Box Number is Not Acceptable): 1299 Bedford DR, Suite B1
City: Melbourne FL Zip Code: 32940

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: [signature] 5-21-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILCOX, MONA LISA 4011 DIGITAL LIGHT DR MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P mona Lisa Wilcox 1299 Bedford DR., Suite B1 Melbourne, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] 5-21-08 321-557-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #