2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L98288

1. Entity Name
D & D TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
4900 NW 37TH AVE MIAMI, FL 33142	4900 NW 37TH AVE MIAMI, FL 33142 US

03082007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0221128	Not Applicable

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

6. Name and Address of Current Registered Agent

GALLEGO, DANIEL
225 DUVAL DR.
MIAMI SPRINGS, FL 33166

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_____

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, 2007 Fee will be $550.00

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

U00000723203
05/02/07-80062-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLEGO, DANIEL, JR.
STREET ADDRESS	4900 NW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____ DANIEL GALLEGO-PRESIDENT- 4-20-07 -305-634-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #