

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25799

FILED
Apr 21, 2005
Secretary of State

Entity Name: DGA PERSONNEL GROUP, INC.

Current Principal Place of Business:

C/O DAVID WEDDELL
2691 E. OAKLAND PARK BLVD., SUITE 201-A
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

C/O DAVID WEDDELL
2691 E. OAKLAND PARK BLVD., SUITE 201-A
FT. LAUDERDALE, FL 33306

New Mailing Address:

C/O DAVID WEDDELL
PO BOX 936024
MARGATE, FL 33093 US

FEI Number: 59-2624291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEDDELL, DAVID
2691 E. OAKLAND PARK BLVD.
SUITE 201-A
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

WEDDELL, DAVID
PO BOX 936024
MARGATE, FL 33093 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:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEDDELL, DAVID,
Address: 2691 E.OAKLAND PARK BLVD
City-St-Zip: FT. LAUDERDALE, FL 33306 US

Title: PD () Delete
Name: DAVIS, GARY R.,
Address: 2691 E.OAKLAND PARK BLVD
City-St-Zip: FT. LAUDERDALE, FL 33306 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEDDELL, DAVID,
Address: PO BOX 936024
City-St-Zip: MARGATE, FL 33093 US

Title: PD (X) Change () Addition
Name: DAVIS, GARY R.,
Address: PO BOX 936024
City-St-Zip: MARGATE, FL 33093 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID E. WEDDELL

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date