

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M25799

Entity Name: DGA PERSONNEL GROUP, INC.

**FILED**  
**Sep 18, 2008**  
**Secretary of State**

## **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:**

C/O DAVID WEDDELL  
4775 N HEMINGWAY CIRCLE  
MARGATE, FL 33063 US

## **Current Mailing Address:**

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

## **New Mailing Address:**

FEI Number: 59-2624291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WEDDELL, DAVIE E  
4775 N HEMINGWAY CIRCLE  
MARGATE, FL 33063 US

## **Name and Address of New Registered Agent:**

WEDDELL, DAVID E  
4775 N HEMINGWAY CIRCLE  
MARGATE, FL 33063 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: DAVID E. WEDDELL

09/18/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

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

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

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID E. WEDDELL

PD

09/18/2008

Electronic Signature of Signing Officer or Director

Date