

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007688

FILED  
Jun 08, 2007  
Secretary of State

Entity Name: D-GIRLS, INC.

**Current Principal Place of Business:**

5933 COPPER LAKE DRIVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

5933 COPPER LAKE DRIVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 20-5111112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HARRIS, NICOLE  
5885 EDENFIELD RD APT B3  
JACKSONVILLE, FL 32277      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HALL, ADRIENNE  
Address: 5933 COPPER LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DCFO      ( ) Delete  
Name: DAVIS, CHARMAINE  
Address: 11426 YELLOW TAIL CRT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D      ( ) Delete  
Name: HARRIS, NICOLE  
Address: 5885 EDENFIELD RD APT B3  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D      ( ) Delete  
Name: HARRIS, LESLIE  
Address: 5885 EDENFIELD RD APT B3  
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE HARRIS

D

06/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date