2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90270 001 ****61.25

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1. Entity Name
SOUTHEAST KREISGRUPPE DVG AMERICA, INC.

Principal Place of Business	Mailing Address
8052 ROMERLY COURT ORLANDO, FL 32822	8052 ROMERLY COURT ORLANDO, FL 32822

01082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
91-1858226
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, CAROLINE L
8052 ROMERLY COURT
ORLANDO, FL 32822

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POOLE, CAROLINE
STREET ADDRESS	8052 ROMERLY CT
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VPD
NAME	HEPLER, MELISSA
STREET ADDRESS	13454 HAYS RD
CITY-ST-ZIP	SPRINGHILL, FL 34610
TITLE	S
NAME	DAUGAARD, CATHY
STREET ADDRESS	2573 SW DECARD ST.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	TD
NAME	HOSKINSON, AMANDA
STREET ADDRESS	7240 RED WING RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	D
NAME	THEEN, RANDY
STREET ADDRESS	3444 NW 50 AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
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 617, 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: Caroline L. Poole (CAROLINE L. POOLE) 1-8-06 407-281-0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #