

1. Entity Name

THE DOMINICAN DEVELOPMENT GROUP, INCORPORATED

May 03, 2000 8:00 am Secretary of State

05-03-2000 90089 006 ****61.25

Principal Place of Business % DAYSPRINGS P O BOX 661 ELLENTON FL 34222	Mailing Address % DAYSPRINGS P O BOX 661 ELLENTON FL 34222-0661
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8411 25 th Street East	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PARRISH, FLORIDA	City & State
Zip 34219	Country MANATEE

4. FEI Number 65-0899990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, ROBERT W
8411 25 STREET EAST
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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.

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 \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARGROVE, ROBERT J 335 MAIN PINEVILLE LA 71360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLGUIN, JULIO C CALLE SANIAGO #114 SANTO DOMINGO, DOMINICAN REP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIPSCOMB, JOHN B 8411 25 ST EAST PARRISH FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SKILTON, WILLIAM J 126 COMING CHARLESTON SC 29413-0127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D, 2 nd VP HOLGUIN, JULIO C. CALLE SANTO DOMINGO, DOMINICAN REPUBLIC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D, P SKILTON, WILLIAM J. 126 COMING CHARLESTON, SC 29413-0127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)