


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90197 006 \*\*\*\*61.25

DOCUMENT # N98000006272 1. Entity Name THE DOMINICAN DEVELOPMENT GROUP, INCORPORATED	
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Principal Place of Business 8411 25TH ST EAST PARRISH, FL 34219	Mailing Address % DAYSPRINGS P O BOX 661 ELLENTON, FL 34222
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

STEVENS, ROBERT W  
 8411 25 STREET EAST  
 PARRISH, FL 34219

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMERVILLE, DAVID J REV. 611 KING COTTON ROW BRUNSWICK, GA, 31525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	.VPD HOLGUIN, JULIO CALLE SANTIAGO #114 SANTO DOMINGO, DR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUTTIT, JR., HENRY I RT. REV THE DIOCESE OF GEORGIA-611 EAST BAY SAVANNAH, GA 31401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKILTON, WILLIAM J, 126 COMING CHARLESTON, SC 294130127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACPHERSON, BRUCE RT. REV DIOCESE OF W. LOUISIANA-BOX 2031 ALEXANDRIA, LA 71309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  5/1/2008 941-556-0315  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #