


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # P00000040280</b> 1. Entity Name DDDS, INC.	
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Principal Place of Business 165 NW 20 STREET BOCA RATON, FL 33431 US	Mailing Address 165 NW 20TH ST BOCA RATON, FL 33431 US
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**DO NOT WRITE IN THIS SPACE**

02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1008943	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

DESHIELDS, CLYDE D  
165 NW 20 STREET  
BOCA RATON, FL 33431

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000654117 03/13/07-80049-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STINE, DEBORAH 2240 NW 23RD WAY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESHIELDS, C STEVEN 241 BAY POINTE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESHIELDS, DANIEL E 840 SW 17TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR