

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054410

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: DIGITAL MULTIMEDIA KONCEPTS, INC.

## Current Principal Place of Business:

11730 NW 1ST STREET  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

18469 48TH AVE N  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

11730 NW 1ST STREET  
CORAL SPRINGS, FL 33071

## New Mailing Address:

18469 48TH AVE N  
LOXAHATCHEE, FL 33470

FEI Number: 65-1013423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONIGLIO, JOHN A  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 3000  
DAVIE, FL 33328 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SULLIVAN, DELPHIA  
Address: 11730 NW 1ST STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: SULLIVAN, MICHAEL  
Address: 11730 NW 1ST STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: SULLIVAN, KRISTIN  
Address: 11730 NW 1ST STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition  
Name: SULLIVAN, DELPHIA  
Address: 18469 48TH AVE N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MR (X) Change ( ) Addition  
Name: SULLIVAN, MICHAEL  
Address: 18469 48TH AVE N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MS (X) Change ( ) Addition  
Name: SULLIVAN, KRISTIN  
Address: 18469 48TH AVE N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELPHIA SULLIVAN

MRS

02/12/2007

Electronic Signature of Signing Officer or Director

Date