## 2007 FOR PROFIT CORPORATION

**FILED** Mar 26, 2007 08:00 AM ry of State

ANN	UAL REPORT	Secretary of Ste		
DOCUMENT # P0000  1. Entity Name NO MORE DIRT INC.	0056389		Secretary of S	) L
Principal Place of Business	Mailing Address			
2395 JAEGER DR #5D DELRAY BEACH, FL 33444	2395 JAEGER DR #5D DELRAY BEACH, FL 33444			
DO NOT WRITE IN THIS SPACE		03132007 No Chg-P CR2E034 (11/05)		
		CE	4. FEI Number Applied For 65-1016951 Not Applied	
			5. Certificate of Status Desired	
6. Name and Address of	Current Registered Agent			
MODAS, DANIEL A 1215 SE 2ND AVE #202 ET LAUDERDALE, EL 33335			DO NOT WRITE	

DO	NOT	WRITE
IN	THIS	<b>SPACE</b>

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d'applicable (NOIE: Banclared)	cent eignets	re required when reinstaling)	DATE	
<u> </u>	Signature, typed or printed rame or registered agent and the	it applicable. (NOTE: Registered /	OG II SIQUALU	se redoned wirest verusishing)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNCARZ, ARKADIUSZ 2395 JAEGER DR #5D DELRAY BEACH, FL 33444					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARNCARZ, INGRID 2395 JAEGER DR #5D DELRAY BEACH, FL 33444				000000678420 04/02/07-80032-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 suppliemental 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 aniaddress, with all other like empowered.						

NTED NAME OF SIGNING OFFICER OR DIRECTOR