## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000076763

City-St-Zip:

Entity Name: D.M.S. INVESTMENTS, INC.

FILED Mar 30, 2005 Secretary of State

Littly Nai	ine. D.IVI.S. II	NV ESTIVII	LINTO, INC.						
Current Principal Place of Business:				New Principal Place of Business:					
8057 B WEST MCNAB RD TAMARAC, FL 33321					68 STREE <sup>-</sup> 5, FL 33321				
Current Mailing Address:				New Maili	ng Addres	s:			
	68 STREET C, FL 33321								
FEI Number	: 65-1039459	FEI Nu	mber Applied For()	FEI Number Not App	licable ( )	Certific	ate of Status Desired (	)	
Name and Address of Current Registered Agent:				Name and	Address o	of New Reg	gistered Agent:		
	MIZEREL 68 STREET C, FL 33321	US							
	named entity e of Florida.	submits <sup>.</sup>	this statement for the p	urpose of changing i	ts registere	d office or	registered agent, or l	ooth,	
SIGNATUR	RE:								
	Electro	nic Signa	ture of Registered Age	nt			Date		
Election Car	npaign Financin	g Trust Fu	und Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ( ALSTON, MIZE 7104 NW 68 S FORT LAUDER	TREET	33321	Title: Name: Address: City-St-Zip:		() Change	( ) Addition		
Title: Name: Address:	(	) Delete		Title: Name: Address:	VP HOWARD, 5020 NW 4		(X) Addition		

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIZEREL ALSTON P 03/30/2005

LAUDERDALE LAKES, FL 33319