2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P00000087993 1. Entity Name D.D.C.S., INC. Principal Place of Business Mailing Address 11208 HUTCHISON BLVD 11208 HUTCHISON BLVD #104 #104 PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3670989 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALCUTTA, RICHARD DO NOT WRITE 11208 HUTCHISON BLVD #104 IN THIS SPACE PANAMA CITY BEACH, FL 32407 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) 9. Election Campaign Financing HODDOOSS2563 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. 05/15/06-80011-006 ISO.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CALCUTTA, RICHARD NAME 11208 HUTCHISON BLVD #104 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE CALCUTTA, ROBERT NAME 1502 ORCHARD LAKE DRIVE STREET ADDRESS City-St-7iP CHARLOTTE, NC 28270 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

Changed, or on an attachment with an address, with all other like emptoyered.

GNATURE: RICHARD CALCUTTA SECOND CONTROL 27 HP 2666 (386) 795-1083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave

Davis Davis Phone P

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

STREET ADDRESS CITY-ST-ZIP