# 2006 FOR PROFIT CORPORATION

Suite, Apt. #, etc.  Suite, Ap	, ,		1. The second		P51 B			
399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  5361, Aguit, R. doit.  5316, Aguit, R. doit.  5317, Additional Section of Status Decision  5317, Additional Section of Status Decision Decision of Status Decision Section of St	2	2006 FOR PRO	FIT CORPORA	TION				
399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  5361, Aguit, R. doit.  5316, Aguit, R. doit.  5317, Additional Section of Status Decision  5317, Additional Section of Status Decision Decision of Status Decision Section of St								
399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  5361, Aguit, R. doit.  5316, Aguit, R. doit.  5317, Additional Section of Status Decision  5317, Additional Section of Status Decision Decision of Status Decision Section of St	1. Entity Nam	ne			ALLSON 6 PL			
399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  4399 NORTHEST 4580 COURT AUDERONAL LAKES, R. 33313  5361, Aguit, R. doit.  5316, Aguit, R. doit.  5317, Additional Section of Status Decision  5317, Additional Section of Status Decision Decision of Status Decision Section of St					() "ASSOCIAL " 3.			
Principal Place of Business  Suide, Apt. e, otc.  Suide, Apt. e, otc.  Suide, Apt. e, otc.  O1052005 REIN-P CR2E098 (11/05)  A SET Number of Society			•	3RD COURT	S. F. ORIJE			
Suite, Apl. #, otc.    Suite, Apl. #, otc.   DioS2005   REIN-P   CRZE088 (11/05)	LAUDERDALI	E LAKES, FL 33313	LAUDERDALE LAKES,	FL 33313				
City A State  Cay A State  A FRI Number  65-1041852  F. Country  S. Liame and Audicess of Current Registered Agent  S. Liame and Audicess of Current Registered Agent  S. Liame and Audicess of Current Registered Agent  Number Additions and Audicess of Number Registered Agent  A SALMERIA AVENUE  Street Address (P.O. Box Number is Not Acceptable)  The above named agent independent Acceptable in Number Acceptable in Not Acceptable in Number Acceptabl	Principal Place of Business     3. Mailing Addres							
2p Country Zip Country S. Stame and Address of Current Registeres Agent S. Stame and Address of New Registeres Agent See Requested See Request	Suite, Apt. #, etc.		Suite, Apt. #, etc.	154	01052006 REIN-P CR2E098 (11/05)			
S. Hame and Address of Current Registered Agent	City & Stat		City & State					
PIECEL & UTRERA P.A.  433 ALMERIA AVENUE  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The above named only articles of Book Authorities in Not Acceptable)  The Acceptable of Book Authorities in Not Acceptable of Book Author	,			Country	Fee Required			
Single Audress (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)			rent Registered Agent	Name	RMAN A. LOBRAL			
The above named dropt of space Tip distance of the purpose of changing its registered algorithm. FL Zip Code 9 the obligations of the purpose of changing its registered algorithm required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of the acceptation of the acceptation of the acceptation of the purpose of the acceptation of the a	343 ALME	RIA AVENUE		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
The above named error purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations during state of Florida. I am familiar with, and accept the obligations during state of Florida. I am familiar with, and accept the obligations during state of Florida. I am familiar with, and accept the obligations of Floridation				72201	7220 NW 44 CT			
FILE NOW!!! FEE IS \$900.00  0. OFFICERS AND DIRECTORS			partor the purpose of changing i	~/10	DEMITLE FL 333/9			
FILE NOW!! FEE IS \$900.00  0. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE	J	ions of egistered egent.			1/30/06			
DI. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE PSTD		Signature, typed or printed name of registered	agent and title if applicable. (No	OTE: Registered Agent signature req	ulred when reinstating) DATE			
THE PSTD BROWN, DAYNE A BROWN, DAYNE A STREET ADDRESS CITY-ST-ZPP LAUDERDALE LAKE, FL 33319  THE RODRESS CIT	Fil	LE NOW!!! FEE 1S \$900.0	0					
BROWN, DAYNE A  MEET ADDRESS 4399 NORTHWEST 43RD COURT LAUDERDALE LAKES, FL 33313  THE  VP  ROYES, NORMA G  MEET ADDRESS TIV-ST-2P  TLL  LAUDERDALE LAKE, FL 33319  THE  NAME  ROYES, NORMA G  MEET ADDRESS TIV-ST-2P  TLL  LAUDERDALE LAKE, FL 33319  THE  NAME  SIRRET ADDRESS TIV-ST-2P  TLL  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLE  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLE  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLE  TLR  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLE  TLR  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLE  TLR  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLR  TLR  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLR  TLR  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLR  TLR  Delete  TITLE  Delete  TITLE  NAME  SIRRET ADDRESS TIV-ST-2P  TLR  TLR  Delete  TITLE  Delete  T	0.							
IN: S1-2IP LAUDERDALE LAKES, FL 33313 CITY-S1-2IP  THE VP ROYES, NORMA G  RIBER ADDRESS  THE LAUDERDALE LAKE, FL 33319 CITY-S1-2IP  THE MAME  THE LAUDERDALE LAKE, FL 33319  THE LAUDERDALE	IAME	BROWN, DAYNE A		NAME				
REF ROPESS NORMA G REF ROPESS A399 NW 43RD CT LAUDERDALE LAKE, FL 33319  ILE AME TREF ROPESS TREF ROPE	ITY-ST-ZIP	LAUDERDALE LAKES, FL 3	33313	CITY-SI-ZIP				
THE AME THEFT ADDRESS TITY-ST-ZIP THE THE AME THEFT ADDRESS TITY-ST-ZIP THE THE AME THEFT ADDRESS TITY-ST-ZIP THE THE THEFT ADDRESS TITY-ST-ZIP THEFT ADDR	AME	ROYES, NORMA G	☐ Delete	NAME				
MAKE IRRET ADDRESS ITY'-ST-ZIP    Delete   ITILE     Change   Addition			319		02710706-01013-012-7+0.13			
ITY-ST-ZIP  ITLE  AME  ITLE  MAME  STREET ADDRESS  ITY-ST-ZIP  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  ITLE  MAME  STREE	AME		Delete		C I I I I I I I I I I I I I I I I I I I			
INTER ADDRESS INTY-ST-ZIP    Delete	TREET ADDRESS			1	B Bipming a crass and			
INTER ADDRESS INTY-ST-ZIP    Delete	ITLE IAME			9	T Roberts FFS 16 W 133			
AME IREET ADDRESS ITY-ST-ZIP  ITLE AME IREET ADDRESS ITY-ST-ZIP  ITLE AME IREET ADDRESS ITY-ST-ZIP  ITLE AME IREET ADDRESS ITY-ST-ZIP  2. 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 the empowered.  SIGNATURE:    Addition   A	TREET ADDRESS HTY-ST-ZIP		·		1,110			
ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  2. 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 the empowered.  SIGNATURE:	ITLE IAME	<del>.</del>	☐ Delete	t t	- Change Addition			
IRLEIT ADDRESS ITY-ST-ZIP  2. 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 the empowered.  SIGNATURE:  1- /3-D6	TREET ADDRESS			· · · · · · · · · · · · · · · · · · ·				
2. 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 eport 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 eddress, with all other life empowered.  SIGNATURE:  1- /3-D6	ITLE AME		☐ Delete	I - I	☐ Change ☐ Additio			
SIGNATURE: 1- 13-06	TREET ADDRESS ITY-ST-ZIP			CITY-ST-ZIP				
SIGNATURE: 1- 13-06	indicated	certify that the information supplied on this report or supplemental reproporation or the receiver or trustee	d with this filing does not qualify bort is true and accurate and the empowered to execute this	for the exemptions contains my signature shall have that as required by Chapter 6	ed in Chapter 119, Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07. Florida Statutes, and that my name appears in Plock 10 or Plant			
			ess, with all other like empowere	od.	1 13 A			
	SIGNAT	URE: SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Daytime Phone #			

## 2005 FOR PROFIT CORPORATION

### ANNUAL REPORT **DOCUMENT # P00000090456** 1. Entity Name D.B. NATIONAL HOLDING CORP.

Principal Place of Business

Mailing Address

4399 NORTHWEST 43RD COURT LAUDERDALE LAKES, FL 33313 4399 NORTHWEST 43RD COURT LAUDERDALE LAKES, FL 33313



#### DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 03092005 4. FEI Number Applied For <u>65-104</u>1852 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired \_

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

#### DO NOT WRITE IN THIS SPACE

					NO OF ACE					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRE	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, DAYNE A 4399 NORTHWEST 43RD COURT LAUDERDALE LAKES, FL 33313									
TITLE NAME STREET AODRESS CITY-ST-ZIP	VP ROYES, NORMA G 4399 NW 43RD CT LAUDERDALE LAKE, FL 33319				,					
TITLE NAME STREET ADDRESS CITY_ST-ZIP				_ DO N	IOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TI	HIS SPACE					
TITLE NAME STREET ADDRESS CATY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. I hereby indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exe and accurate end mat my signal	mption state	ed in Section 119.07(3)(i), Five the same legal effect as	Plorida Statutes. I further certify that the information is if made under oath; that I am an officer or director					

Be El

4399 NW 43 ct Lauderdale Lks