2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099681

Entity Name: DJD SUPPLIES, INC.

FILED Jul 27, 2005 Secretary of State

16707 OLD CUTLER RD PALMETTO BAY, FL 33157

Current Mailing Address: New Mailing Address:

16707 OLD CUTLER RD 8101 S.W. 197 TERRACE PALMETTO BAY, FL 33157 MIAMI, FL 33189

FEI Number: 65-1052096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 O'ROURKE, BARBARA
 FLOWERS, DELORES D

 7605 SW 173 ST.
 8101 S.W. 197 TERRACE

 MIAMI, FL 33157 US
 MIAMI, FL 33189 US

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: DFLOWERS 07/27/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 FLOWERS, DELORES D
 Name:
 FLOWERS, DELORES D

 Address:
 16707 OLD CUTLER RD
 Address:
 8101 S.W 197 TERRACE

 City-St-Zin:
 PAI METTO BAY FL 33157
 City-St-Zin:
 MIAMI FL 33189

City-St-Zip: PALMETTO BAY, FL 33157 City-St-Zip: MIAMI, FL 33189

Title: Title: (X) Change () Addition () Delete FLOWERS, DAMIAN FLOWERS, DAMIAN Name: Name: 16707 OLD CUTLER RD Address: 8101 S.W. 197 TERRACE Address: PALMETTO BAY, FL 33157 MIAMI, FL 33189 City-St-Zip: City-St-Zip:

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 FLOWERS, JASON

 Address:
 Address:
 8101 S.W. 197 TERRACE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33189

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: DFLOWERS DP 07/27/2005