


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000101053</b>	
1. Entity Name DFG, CORPORATION	

Principal Place of Business 14113 HWY 98 BYPASS DADE CITY, FL 33523	Mailing Address 14113 HWY 98 BYPASS DADE CITY, FL 33523
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**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3678517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAMDAN, NIDA 37706 OAK RUN CIRCLE ZEPHYRHILLS, FL 33541	<b>DO NOT WRITE IN THIS SPACE</b>
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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, and I am familiar with and accept the obligations of registered agent.	000000373821 07/20/05-80007-022 150.00
SIGNATURE: <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE: 7-13-05

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMDEN, NIDA 37706 OAK RUN CIRCLE ZEPHYRHILLS, FL 33541
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered	SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-13-05 <small>Date</small>	<small>Daytime Phone #</small>
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