
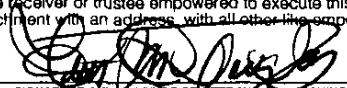


**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P00000112393</b>				<b>Secretary of State</b> 05-18-2006 90015 045 ***150.00	
1. Entity Name DDA-ENGINEERS-PLANNERS, INC.					
Principal Place of Business 2037 WEST FIRST STREET FT MYERS, FL 33901			Mailing Address 2037 WEST FIRST STREET FT MYERS, FL 33901		
2. Principal Place of Business 1821 Victoria Ave			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Myers			City & State		
Zip FL 33901			Country		
4. FEI Number 65-1060213			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 KERMER DOUGLAS, EDITH M 2037 WEST FIRST STREET FT MYERS, FL 33901			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D DOUGLAS, DAVID L 2037 WEST FIRST STREET FT MYERS, FL 33901 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D KERMER DOUGLAS, EDITH M 2037 WEST FIRST STREET FT MYERS, FL 33901 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  Edith Douglas 5-15-06 237-410-190					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					