PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATION ISTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |] | FILED | | |
|--|---|---|--|-----------------------|---------------------------------|--|------------|
| | | | | 01; | MAR 18 AM | 8: 43 | |
| DOCUMENT # P01000009299 1. Corporation Name | | | | SE TAL | ECRETATION OF S LAHASSSE FLO | TATE ORIDA | |
| | tion Name DCKS, INC. | | | | | 7,110,7 | |
| | | | | REMS | TAILM | CHT 07 | -04 |
| • | l Office Address | 3. Mailing Office Add | iress | 1 80 | 1003072 | 9908 | |
| 6 SOUTH "J" STREET | | SAME | | 03/18/ | /04010550 | 018 **450. | 00 |
| Suite, Apt. # | r, etc. | Suite, Apt. #, etc. | | 4. Date Incom | porated or Qualified | 10.4 | · |
| City & State | | City & State | | 5. FEI Numbe | iness in Florida: 01/24 | | led For |
| Zip Country | | Zip | Country | 65-10724 | •• | <u> </u> | Applicable |
| 33460 | USA | | Country | 6. CERTIFICATE | OF STATUS DESIRED | \$8.75 Additional F for a Certificate | |
| | | 7. Name an | d Address of Current Registe | red Agent | | | |
| | Name DOUGLAS TESORO | | | | | | |
| | Street Address (P.O. Box Number is I 6 SOUTH "J" STREET | Not Acceptable) | | | | | |
| | Suite, Apt. #, Etc. | | | | | | |
| | City LAKE WORTH | | | | State Zip Code | | |
| Q I boing | appointed the registered agent of the ab | our named consequence | on familiar with and account the | phigations of south | FL 33460 | 9 E C | |
| | | ove named corporation, a | in latilitat wat and accept the c | onigations of section | 000.000.0000 | J, F.J. | |
| Signature o | | | | | | | |
| Signature of Registered | Agent | EGISTERED AGENT MU | IST SIGN | | Date | | |
| Registered a | Agent | | | east 3 directors) | Date | | |
| Registered | AgentF | nd/or Director (Florida nor | | :h | | // State / Zip | |
| 9. Names | AgentF and Street Addresses of Each Officer at Name of Officers and/or Director | nd/or Director (Florida nor | profit corporations must list at le | :h | | | |
| 9. Names | Agent F and Street Addresses of Each Officer at Name of Officers and/or Director | nd/or Director (Florida nor | profit corporations must list at le Street Address of Eac Officer and/or Directo | :h | City | | |
| 9. Names | Agent F and Street Addresses of Each Officer at Name of Officers and/or Director | nd/or Director (Florida nor | profit corporations must list at le Street Address of Eac Officer and/or Directo | :h | City | | |
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| 9. Names | Agent F and Street Addresses of Each Officer at Name of Officers and/or Director | nd/or Director (Florida nor | profit corporations must list at le Street Address of Eac Officer and/or Directo | :h | City | | |

DUGROCKS,INC.

6 SOUTH "J" STREET LAKE WORTH, FL. 33460 (561) 4 93-1924

March 6, 2004

Florida Department of State, Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Subject: DUGROCKS, Inc

Document Number: P01000009299

Filed: 01/24/01

I am writing first to thank you for taking time and so politely helping me with this matter on the telephone the other day. Secondly, as per our conversation I was just made aware that the Annual Report for Dugrocks, Inc. has not been filed by my accountant. It is my sincere desire to correct this and be in complete compliance with your agency.

Enclosed please find enclosed a completed Corporation Reinstatement Form and a check in the amount of four hundred fifty dollars (\$450) for Annual Report and Supplemental Fees for 2002, 2003, 2004.

Again, thank you so much for your kind assistance and attention to this matter. It is greatly appreciated.

Best Regards,

Douglas Tesoro, President

DUGROCKS,Inc.

Enc: Corp.Reinstatement Form, Check