2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

						Necretary of State				
DOCUMENT # P0100026097 1. Entity Name D & H SUPPORT SOLUTIONS, INC.						Secretary of State 03-17-2006 90123 049 ***150.00				
Principal Place of Business			Mailing Address			1 .	-			
871 PARTRIDGE COURT			1100 KELLY ROAD			-				
MARCO ISLAND, FL 34145		APEX, NC 27523				7. 4.4				
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2. Principal Place of Business 3. N			3. Mailing Address	. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02002006	Cha B	CDaEoa	4 (11 (DE)			
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Zip		Country	Zip	Country		T			8.75 Addi	
p		4-1 ,		,		5. Certificate	of Status Desired		ee Required	
	6. Name a	nd Address of Current	Registered Agent			7, Name and	Address of New F	Registered A	gent	
6. Name and Address of Current Registered Agent					lame					
NUNN DE	BORAH J									
NUNN, DEBORAH J 871 PARTRIDGE COURT			Stre		treet Address	(P.O. Box Numb	er is Not Acceptable	e)		1
MARCO IS										
					City	-			Zip Code	
	— ;			0	>ity			FL	1 Zip Code	'
8. The above	named entity	submits this statement fo	or the purpose of changing its	registered of	office or registe	ered agent, or bo	th, in the State of Fl	orida. 1 am fa	miliar with,	and accept
	ions of registe									
	1-23									
SIGNATURE_	<u> </u>	e's								
	Cincolne broad or	toene nevertines to empo betoin s	and title if applicable (NOTE	Registered Ane	ent sirenative remier	ed when reinstation)		DATE		
	Signature, typed or	printed name of registered agent	and title if applicable. (NOTE	E. Registered Age	ent signature require	ed when reinstating)		DATE		
								DATE		
FIL	E NOW!!!	FEE IS \$150.00	9. Election Campai	ign Financing	g _ \$ 5	5.00 May Be		DATE		
FIL After Ma	E NOW!!!		9. Election Campai	ign Financing	g _ \$ 5			DATE		
FIL After Ma	E NOW!!!	FEE IS \$150.00	9. Election Campai Trust Fund Cont	ign Financing	g _ \$ 5	5.00 May Be ided to Fees	/CHANGES TO OFF		DIRECTORS	3 IN 11
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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: Deboral Deborah J. Nun 03-15-06 (919) DES-9720 DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DELLE DESCRIPTION DELLE DESCRIPTION DE DESCRIPT