2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 19, 2007 08:00 A **Secretary of State** DOCUMENT # P01000028767 DODGE CITY ENTERPRISES, INC. Principal Place of Business Mailing Address 2502-04 WEST LAKE DRIVE 2502-04 WEST LAKE DRIVE WIMAUMA, FL 33598 WIMAUMA, FL 33598 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3704173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KITCHEN, DAVID DO NOT WRITE 2502-04 WEST LAKE DRIVE WIMAUMA, FL 33598 IN THIS SPACE 8. The above named antity 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. Signature, typed or printed name of registered agent and title diapplicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KITCHEN, DAVID NAME STREET ADDRESS PO BOX 5592 CITY-ST-7IP SUN CITY CENTER, FL 33571 TITLE KITCHEN, MARION PO BOX 5592 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33571 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #