## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000032669

Entity Name: DLC MANAGEMENT CORP

DAYTON, OH 45440

City-St-Zip:

FILED Mar 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 45 CENTRAL CT TARPON SPRINGS, FL 34689 **Current Mailing Address: New Mailing Address:** C/O AILEEN DELEHANTY C/O AILEEN DELEHANTY 5000 N. OCEAN BLVD, C-209 7300 MACKEREL LN HUDSON, FL 34667 BRINY BREEZES, FL 33435 FEI Number: 59-3707012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEON, ANTHONY 45 CENTRAL CT TARPON SPRINGS, FL 34689 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEON, ANTHONY Name: Name: 45 CENTRAL CT Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: DST Title: () Change () Addition () Delete Name: DAY, JIM Name: 1415 NATURE CT Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY LEON DP 03/14/2009