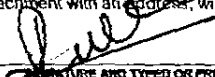


FILED
Feb 13, 2006 08:00
Secretary of Stat

DOCUMENT # P01000046011			
1. Entity Name D.D.D., INC.			
Principal Place of Business 16425 COLLINS AVENUE UNIT #718 SUNNY ISLES, FL 33160		Mailing Address 16425 COLLINS AVENUE UNIT #718 SUNNY ISLES, FL 33160	
DO NOT WRITE IN THIS SPACE			
		02082006 No Chg-P CR2E034 (11/05)	
		4. FEE Number 82-0565329	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUSTIN, KEITH C JR. 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent, and fee if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000433075 02/23/06-80095-023 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLET, DELPHINE 16425 COLLINS AVENUE #718 SUNNY ISLES, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLET, DAVID 16425 COLLINS AVENUE #718 SUNNY ISLES, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  DAVID MILLET VSD		8 FEBRUARY 2006 30594575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	