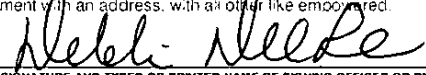


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 012 ***150.00

DOCUMENT # P01000068265 1. Entity Name D & G COLLECTIONS, INC.					
Principal Place of Business 26251 S. TAMiami TRAIL 16 BONITA SPRINGS, FL 34135			Mailing Address 26251 S. TAMiami TRAIL 16 BONITA SPRINGS, FL 34135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IRRESISTIBLY PLUS 26251 S. TAMiami TRAIL #16 BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	
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 needed in printed name of registered agent and the incorporator (Not a Registered Agent's signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	COO NAGLE, GARY ☐ Delete 3410 TRALEE COURT #202 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY ST ZIP	COO NAGLE, GARY ☒ Change ☐ Addition 2301D Whispering Ridge DR Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY ST ZIP	P DELRE, DEBBIE ☐ Delete 3410 TRALEE COURT #202 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY ST ZIP	President DELRE, Debbie ☒ Change ☐ Addition 2301D Whispering Ridge DR Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					