


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 044 ***150.00

DOCUMENT # P01000083696

1. Entity Name
DNYIII, INC.



Principal Place of Business
**4033 SW 2 COURT
 CAPE CORAL, FL 33914**

Mailing Address
**4033 SW 2 COURT
 CAPE CORAL, FL 33914**

2. Principal Place of Business
24200 GOLDEN EAGLE LN

3. Mailing Address
24200 GOLDEN EAGLE LN


Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34135

Country
LEE



07012005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0562826

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DINH, DON V
 4033 SW 2 COURT
 CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent
 Name
DINH, DON VAN
 Street Address (P.O. Box Number is Not Acceptable)
24200 GOLDEN EAGLE LANE
 City **BONITA SPRINGS** **FL** Zip Code **34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DINH, DON V STREET ADDRESS 4033 SW 2ND CT CITY-ST-ZIP CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE P NAME DINH, DON VAN STREET ADDRESS 24200 GOLDEN EAGLE LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* 7/15/05 Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR