2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

DOCU 1. Entity Nan DFD, INC		46		Secretary of State
4401 N. FEI SUITE 100	ce of Business DERAL HIGHWAY N, FL 33431	Mailing Address 4401 N. FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33431		
DO NOT WRITE IN THIS SPACE				04122006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent FLEMING, BARBARA D 4401 N. FEDERAL HWY., STE 100 BOCA RATON, FL 33431				DO NOT WRITE IN THIS SPACE
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: hypeo or present name of registered agent and title if appreciable INDIE: Registered Agent signature, required when relinating) DATE				
FILE NOWITE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees U00000514559				
10. TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D DETTMAN FLEMING, BARBARA 4401 N. FEDERAL HWY., STE 100 BOCA RATON, FL 33431	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				; ;
Smelf address City-SI-IIF 12. I hereby certily 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 it 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 the empowered. SIGNATURE: 12. I hereby certily 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 signatures and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered. SIGNATURE: 12. I hereby certily 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 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 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 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 the receiver of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corpor				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DOF DUCCTOR				