

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 017 ***150.00

DOCUMENT # P01000121100	
1. Entity Name DUR-HAND, INC.	



40061360

Principal Place of Business 4424 MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 7800 W OAKLAND PK BLVD G-121 SUNRISE, FL 33351
--	--

2. Principal Place of Business - No P.O. Box # 7800 W Oakland Park Blvd	3. Mailing Address
---	--------------------

Suite, Apt. #, etc. G-121	Suite, Apt. #, etc.
-------------------------------------	---------------------

City & State Sunrise, Florida	City & State
---	--------------

Zip 33351	Country USA	Zip	Country
---------------------	-----------------------	-----	---------



04122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1159686	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DURAND, YVON 8233 GATOR LN BAY #12 W PALM BCH, FL 33411	
---	--

7. Name and Address of New Registered Agent Name DURAND, YVAN Street Address (P.O. Box Number is Not Acceptable) 7360 NW 35th Street City Lauderhill FL Zip Code 33319	
---	--

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 <i>[Signature]</i> DATE 4-13-07	
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DURAND, YVON 8233 GATOR LN BAY #12 W PALM BCH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DURAND, MICHEL 8233 GATOR LN BAY #12 W PALM BCH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DURAND, YVAN 7360 NW 35th Street Lauderhill, florida 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	434 NW 7th Avenue Boca Raton, Florida 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4-13-07 Date	DAYTIME PHONE: 561-239-6378 Daytime Phone #
---	------------------------------	---