


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90035 028 ***150.00

DOCUMENT # P02000011808					
1. Entity Name DMGB INVESTMENT INC.					
Principal Place of Business 11947 NW 37TH STREET CORAL SPRINGS, FL 33065			Mailing Address 11947 NW 37TH STREET CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0385207	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
A1A REGISTERED AGENT, INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000			Name <i>Greg Buffington</i> Street Address (P.O. Box Number is Not Acceptable) <i>4640 Island Reef Dr.</i> City <i>West Palm Beach</i> FL Zip Code <i>33467</i>		
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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>1/24/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	DST MALENICK, DONAL 11947 NW 37TH STREET CORAL SPRINGS, FL 33065		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BUFFINGTON, GREG 11947 NW 37TH STREET CORAL SPRINGS, FL 33065		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/24/06</i> Daytime Phone # <i>954-340-9278</i>		