## **2003 FOR PROFIT CORPORATION**

ŲΝ	IFORM BUSIN	ESS REPOR	oun 10, 2005 6.00 am					
DOCUMENT # P02000026747  1. Entity Name DMGC INVESTMENTS INC					Secretary of State 05-05-2003 91893 006 ***150.00			Ą
Principal Place of Business 610 BARRY PLACE INDIAN ROCKS BEACH FL 33785  Mailing Address 610 BARRY PLACE INDIAN ROCKS BEACH FL 33785					-			
Principal Place of Business     3. Mailing Address						JA <b>T (1616 6</b> 181) ( <b>179</b> )(		
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 94-3414521	— <del>— — —</del>	oplied For ot Applicable	}
Zip Country Zip		Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				1
CANCIO, JESICA G								
610 BARRY PLACE				Street Address (P.O. Box Number is Not Acceptable)				
INDIAN R	OCKS BEACH FL 33785							1
			-	City Zip Code				-
				City	F	L Zip Cod	e	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or register	red agent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE	E: Registered	Agent signature required	J when reinstating) DAT			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				<del>-</del>	9. Election Campaign Financing Trust Fund Contribution:		O May Be	-\
10.			11.	·	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	2 INI 11	{
TITLE	OFFICERS AND DIRECTORS  Delete		TITLE		ADDITIONS/OFFICERS A	☐ Change	Addition	গ্লি
NAME	MORSE, DARYL D	C Delete	NAME	İ		□ onenge		00
STREET ADDRESS	7560 W DEWEY DR		STREE	T ADDRESS				4
CITY-ST-ZIP	LAS VEGAS NE 89113		CITY-	ST-ZIP				8
TITLE	VD Delete		TITLE			☐ Change	☐ Addition	CR2E034 (10/02)
NAME	CANCIO, JESSICA G		NAME	ļ				~
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-	ST-ZIP				1
TITLE	☐ Delete		TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME	T ADORESS				
CITY-ST-ZIP			CITY-S					
			_			Π Δ <b></b>	☐ Addition—	1
TITLE		☐ Delete	TITLE	ı		Change	Addition	1

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 supplied ental 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 employeded 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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

GATL CANCIO

Delete

☐ Delete

Daytime Phone #

☐ Change

Change

☐ Addition

Addition