

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036350

Entity Name: DHM GROUP CORPORATION

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

3709 SW 51 ST
HOLLYWOOD, FL 33312

New Principal Place of Business:

Current Mailing Address:

3709 SW 51 ST
HOLLYWOOD, FL 33312

New Mailing Address:

FEI Number: 14-1880209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAVARES, DOUGLAS
3709 SW 51 ST
HOLLYWOOD, FL 33312 US

Name and Address of New Registered Agent:

MAVARES, ANDREA
3709 SW 51 ST
HOLLYWOOD, FL 33312 US

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.

SIGNATURE: ANDREA MAVARES

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MAVARES, DOUGLAS
Address: 3709 SW 51 ST
City-St-Zip: HOLLYWOOD, FL 33312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAVARES, ANDREA
Address: 3709 SW 51 ST
City-St-Zip: HOLLYWOOD, FL 33312

Title: VP () Change (X) Addition
Name: MAVARES, DOUGLAS JR
Address: 3709 SW 51 ST
City-St-Zip: HOLLYWOOD, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA MAVARES

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date