## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069726  1. Entity Name D. HILL, INC.				FILED 06 JUL 31 PM 3: 19		
10419 NW	10419 NW 41ST STREET 419 NW 41ST				SECONE TAI TALLAHAS	(Y OF STATE SEE, FLORIDA
:	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb	per	85 005 \$ 158.  CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
407 LINCO SUITE 9-E	6. Name and Address of Current Re CARLOS M ESQ. DLN ROAD ) ACH, FL 33139	DO NOT WRITE IN THIS SPACE				
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  Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	ncing _ \$5	.00 May Be		DATE	
10. TITLE	OFFICERS AND DI	RECTORS	:		·I	
NAME STREET ADDRESS CITY-ST-ZIP	HILL, DICK 10419 NW 41ST STREET MIAMI, FL 33178		p18.	2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HILL, LISA 10419 NW 41ST STREET MIAMI, FL 33178		"			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: JSa C. July The hour 3/17/06  SIGNATURE AND TYPED OR PRINTED NAME OF HERING OFFICER OR DIRECTOR Date Destroy Phone #						