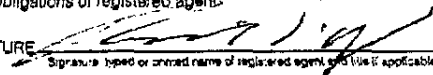


FILED
Apr 24, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000089892		
1. Entity Name DH SUPPORT SERVICES, INC.		
Principal Place of Business 1011 SOUTH ALHAMBRA DRIVE JACKSONVILLE, FL 32207		Mailing Address 1011 SOUTH ALHAMBRA DRIVE JACKSONVILLE, FL 32207
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent CHAMBERLAIN, JOEL C 4905 BELFORT RD STE 110 JACKSONVILLE, FL 32256		 04212006 No Chg-P CR2E034 (11/05) 4. FEI Number: 90-0045390 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		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:  DATE: 4-21-06 Signature typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZOURI, DONNA 1011 SOUTH ALHAMBRA DRIVE JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZOURI, RICHARD L 1011 SOUTH ALHAMBRA DRIVE JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 307, Florida Statutes; and that my name appears in Block "G" or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE: 4-21-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

U000000526126
05/04/06-80060-017 150.00

**DO NOT WRITE
IN THIS SPACE**