

Apr 1
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|---------------------------|---|--|
| DOCUMENT # P02000105871 1. Entity Name DI MARE ENTERPRISES, INC. | | | |
| Principal Place of Business 209 LINCOLN CT DEERFIELD BEACH FL 33442 US | | Mailing Address 209 LINCOLN CT DEERFIELD BEACH FL 33442 US | |
| <div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> | | | |
| <div style="text-align: right;"> 04162007 No Chg-P CR2E034 (11/05) </div> | | | |
| 4. FEI Number 54-2078041 | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent RUSSELL M. ROBBINS, ESQ. 9690 WEST SAMPLE ROAD, SUITE 103 CORAL SPRINGS, FL 33065 | | <div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | U000000713328 04/26/07-80084-024 150.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | D | | |
| NAME | DI MARE, NANCY F | | |
| STREET ADDRESS | 209 LINCOLN CT | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| <div style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> | | | |
| 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>Nancy F. Di Mare Nancy F. Di Mare</i> 4/16/07 9542955503 | | | |