

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90040 014 ***158.75

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| DOCUMENT # P02000120458 1. Entity Name DCC HOLDINGS, INC. | | | |
| Principal Place of Business 3695 TAMiami TRAIL SUITE D PORT CHARLOTTE, FL 33952 US | | Mailing Address 3280-55A TAMiami TRAIL PMB #307 PORT CHARLOTTE, FL 33952 US | |
| 2. Principal Place of Business - No P.O. Box # 14801 Palm Beach Blvd. | | 3. Mailing Address 14801 Palm Beach Blvd. | |
| (Suite) Apt. #, etc. 100A | | (Suite) Apt. #, etc. 100A | |
| City & State Fort Myers, FL | | City & State Fort Myers, FL | |
| Zip 33905 | | Zip 33905 | |
| Country US | | Country US | |
| 4. FEI Number 30-0128191 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANTANA, EDWIN G 3280-55A TAMiami TRAIL PMB #307 PORT CHARLOTTE, FL 33952 | | 7. Name and Address of New Registered Agent Name Edwin G. Santana Street Address (P.O. Box Number is Not Acceptable) 18416 Monet Avenue City Port Charlotte FL Zip Code 33948 | |
| 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: <u><i>Edwin G. Santana</i></u> Edwin G. Santana, President 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P | NAME SANTANA, EDWIN G | TITLE P | NAME SANTANA, Edwin G. |
| STREET ADDRESS 3280-55A TAMiami TRAIL, #307 | CITY-ST-ZIP PORT CHARLOTTE, FL 33952 | STREET ADDRESS 18416 Monet Avenue | CITY-ST-ZIP Port Charlotte, FL 33948 |
| TITLE VP | NAME DAVOODI, MAHMOOD | TITLE VP | NAME DAVOODI, Mahmood |
| STREET ADDRESS 3280-55A TAMiami TRAIL, #307 | CITY-ST-ZIP PORT CHARLOTTE, FL 33952 | STREET ADDRESS 14541 Fairfax Place | CITY-ST-ZIP DAVIE, FL 33325 |
| TITLE VP | NAME DAVOODI, MAHMOOD | TITLE VP | NAME DAVOODI, Mahmood |
| STREET ADDRESS 3280-55A TAMiami TRAIL, #307 | CITY-ST-ZIP PORT CHARLOTTE, FL 33952 | STREET ADDRESS 14541 Fairfax Place | CITY-ST-ZIP DAVIE, FL 33325 |
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| 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: <u><i>Edwin G. Santana</i></u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Edwin G. Santana | |
| DATE 3/1/07 | | DAYTIME PHONE # 941-628-1868 | |