2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90157 022 ***150.00

1. Entity Nam	e	# P03000007 DENS 2 MANAGE		IC.							
Principal Place 4151 S ATLA NEW SMYRNA	NTIC AVE		Mailing Address 4151 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169				14	0029)29 111 111 111 111		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04252005	Chg-P	CR2E	034 (10/03)	
City & State			City & State			***************************************	4. FEI Numb			h	plied For t Applicable
Zip	Country		Zip Count		ntry	5. Certificate of Status Desired		of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent							
THURLOW 415 CANA NEW SMY	LST	RT S ESQ NCH, FL 32168		Name Street A	ddress (P.O. Box Numb	er is Not Acceptable	9)			
٥				City	FL				Zip Cod	e	
	named entitions of regis	ly submits this statement fo tered agent.	r the purpose of changing	its register	ed office or	register	red agent, or bo	th, in the State of Flo		= familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable. (h	IOTE: Registere	ed Agent signatu	ne requiper	d when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Cam Trust Fund Co			\$5 .	.00 May Be led to Fees				
10.		OFFICERS AND		11.			ADDITIONS	CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4151 S A	, EVELYN TLANTIC AVE YRNA BEACH, FL 321	⊠ Delete			4151	NT, EVELYN SO ATLANTIO SMYRNA BEA	C AVE #512 .CH, FL 32169		⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	U, DIANE HAM PLACE DOD, FL 32779	☐ Defete			18 V	EINHOFER, ARICK STREETINE, NJ. 0747	T	,	☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6941 SO	ROM, ROBERT JTH ATLANTIC AVE YRNA BEACH, FL 321	Delete						-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	165 DUR	ON, LORI L HAM PLACE DOD, FL 32779	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate							Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	cm	AE EET ADDRESS Y-ST-ZIP					☐ Change	Addition
12. I hereby indicated of the corchanged	certify that the on this reportation or to or on an att	ne information supplied with ort or supplemental report is the receiver or trustee emp achment with an address.	n this filing does not qualify is true and accurate and the owered an execute this rep with an other like empower	of for the exe at my signa port as required.	emption sta ature shall h ired by Cha	ted in Se leve the apter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further coath; that e appears	ertify that the i I am an office in Block 10 c	information r or director or Block 11 if

THOMAS

EINBEINHOFER

SIGNATURE: 🖔