

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Apr 16, 2004 8:00 am  
Secretary of State**

03-09-2004 90001 016 \*\*\*150.00

<b>DOCUMENT #. P03000027930</b>		
1. Entity Name <b>DD &amp; K TRADITIONAL HOMES, INC.</b>		

Principal Place of Business <b>2116 N. DIXIE, HWY HOLLYWOOD FL 33020</b>		Mailing Address <b>2116 N. DIXIE, HWY HOLLYWOOD FL 33020</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>01-0771994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

MOORE CR2E034 (11/03)



**6. Name and Address of Current Registered Agent**

**ROUSSO, MARK E ESQ.  
3440 HOLLYWOOD BLVD., STE 360  
HOLLYWOOD FL 33021**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>18851 N.E. 29th AVE Suite 900</b>	
City <b>Aventura</b>	Zip Code <b>FL 33180</b>

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 title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004, Fee will be \$350.00**

**Make Check Payable to Florida Department of State**

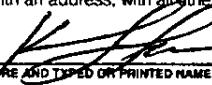
9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RELICK, DOUGLAS 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18851 N.E. 29th AVE SUITE 900 AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEBLANC, KEN 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18851 N.E. 29th AVE SUITE 900 AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITE, DAVID 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18851 N.E. 29th AVE SUITE 900 AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/04 954922-2067**

Date

Daytime Phone #