

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000060039

Entity Name: D.R.I. MANAGEMENT, INC.

**FILED**  
**Mar 27, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

4432 NW 74 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4432 NW 74 AVE  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 45-0520567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELTON, ROBERT  
4432 NW 74 AVE  
MIAMI, FL 33166      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: KELTON, ROBERT  
Address: 18091 SW 22ND ST.  
City-St-Zip: MIRAMAR, FL 33029

Title: V ( ) Delete  
Name: KELTON, ROSEMARY  
Address: 18091 SW 22 ST  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KELTON

PRES

03/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date