


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 004 \*\*\*150.00

<b>DOCUMENT # P03000079051</b> 1. Entity Name <b>DDR CORPORATION</b>			
Principal Place of Business <b>3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952</b>		Mailing Address <b>3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952</b>	
2. Principal Place of Business - No P.O. Box # S <b>950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953</b> C Z	3. Mailing Address S <b>950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953</b> C Z		
4. FEI Number <b>41-2102635</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DUNN, CAROL J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952</b>		7. Name and Address of New Registered Agent Name <b>950 Tamiami Trail</b> Street Address <b>STE 101</b> City <b>Pt. Charlotte, FL 33953</b> State <b>FL</b> Zip Code	
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>Carol J. Dunn</i></u> <small>Signature: typed or printed name of registered agent and title if applicable</small>		DATE <u>4/18/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DUNN, CAROL J 17479 O'HARA DRIVE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DEGROSS, DEAN R 4211 EAGLE NEST CRT PORT CHARLOTTE, FL 33948 <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
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 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>Carol J. Dunn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/18/07</u> DAYTIME PHONE # <u>941-629-8886</u>	