


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90005 030 \*\*\*150.00

**DOCUMENT # P03000079155**

1. Entity Name  
**DKM REAL ESTATE INVESTORS, INC.**



Principal Place of Business      Mailing Address  
**7261 BEE RIDGE RD**      **7261 BEE RIDGE RD**  
**SARASOTA, FL 34241**      **SARASOTA, FL 34241**

**40132041**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

09062007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**20-0226227**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

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

**STRICKLAND, MARJORIE**  
**7261 BEE RIDGE RD**  
**SARASOTA, FL 34241**

**7. Name and Address of New Registered Agent**

Name **Dave Rancourt**  
 Street Address (P.O. Box Number is Not Acceptable) **7261 Bee Ridge Rd**  
 City **Sarasota**      **FL**      Zip Code **34241**

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 *Dave Rancourt*      DATE **9/5/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RANCOURT, DAVE</b> <b>9075 MISTY CREEK DRIVE</b> <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEPHENS, KENNETH</b> <b>4971 HUBNER CIRCLE</b> <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRICKLAND, MARJORIE</b> <b>5626 MONTE RUSSO RD</b> <b>SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> <del>Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Dave Rancourt*      DATE **9/5/07**      DAYTIME PHONE # **941-378-4168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR