2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000082134 1. Entity Name D. M. HASKE, INC. Principal Place of Business Mailing Address 334 U.S. HIGHWAY 41 BYPASS SOUTH 334 U.S. HIGHWAY 41 BYPASS SOUTH SUITE B VENICE, FL 34292 VENICE, FL 34Z92 I KRRITERI AN DETEN ANT BERT ERIN ERIN DETEN INDE NEBE MORREN ERISEN IN BER DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0130096 6. Name and Address of Current Registered Agent ADDISON, MICHAEL C 400 N. TAMPA ST. SUITE 1100

FILED May 01, 2006 08:00 AM Secretary of State

202006	No Chg-P	CR2E034 (11/05)	

Applied For Not Applicat.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

1AMICA, 1 E 33002					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered off	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable (NOTE: Registered Agen	(E(ghalure	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>
title Name Street address City-ST-Zip	PSTD HASKE, DEAN M 334 U.S. HIGHWAY 41 BYPASS SOU VENICE, FL 34292	TH, #B			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					#00000546244 05/11/06-80108-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS C)74-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 calls; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

1-30-Db