

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082649

Entity Name: DKH MANAGEMENT GROUP, INC.

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

2711 BOONE DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

100 MEMORIAL DRIVE  
11-9B  
CAMBRIDGE, MA 02142

**New Mailing Address:**

FEI Number: 20-0118259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HASS, DAVID K  
2711 BOONE DRIVE  
DELRAY BEACH, FL 33483      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:            P            ( ) Delete  
Name:            HASS, DAVID K  
Address:        2711 BOONE DRIVE  
City-St-Zip:    DELRAY BEACH, FL 33483

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

Title:            PRES        (X) Change ( ) Addition  
Name:            HASS, DAVID K  
Address:        2711 BOONE DRIVE  
City-St-Zip:    DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID HASS

PRES

01/04/2006

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

\_\_\_\_\_ Date