2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P03000149760** 04-22-2004 90066 033 ***150.00 1. Entity Name DDK, INC. Principal Place of Business Mailing Address 53 UNIVERSITY CIRCLE 53 UNIVERSITY CIRCLE DELAND, FL 32724 US DELAND, FL 32724 US 2. Principal Place of Business 3. Mailing Address 526 Land O Lakes Ct 526 Land O Lakes Suite, Apt. #, etc. Suite, Apt, #, etc. 04192004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 43 - 2037831 City & State City & State FL Deland Deland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODEN, DONALD B Street Address (P.O. Box Number is Not Acceptable) 53 UNIVERSITY CIRCLE DELAND, FL 32724 526 Land city Deland FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e. FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRES ☐ Addition TITLE ☐ Delete TITLE Change GOODEN, DONALD B NAME NAME 526 Land O Lakes Ct STREET ADDRESS 53 UNIVERSITY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 32724 32724 Deland FL TREA ☐ Delete TITE F Change Addition NAME GOODEN, DONNA L NAME 526 Land O Lakes Ct 53 UNIVERSITY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P DELAND, FL 32724 CITY-ST-7IP Deland FL 32724 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZIP CETY-ST-712 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE 1)elete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE ☐ Change ■ Addition dodi sir uwisia s Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12." hereby certify that the information supplied with this filing does not qualify 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 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. 386-748-3087 Donna L. Gooden Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED