

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90032 005 ***150.00
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DOCUMENT # P04000003013 1. Entity Name DDC GROUP, INC.			
Principal Place of Business 20702 N.E. GUM STREET BLOUNTSTOWN, FL 32424 US		Mailing Address 20702 N.E. GUM STREET BLOUNTSTOWN, FL 32424 US	
2. Principal Place of Business Suite, Apt. #, etc. 18828 NW CA 287 City & State Clarksville, FL Zip 32430 Country USA		3. Mailing Address Suite, Apt. #, etc. 18828 NW CA 287 City & State Clarksville, FL Zip 32430 Country USA	
4. FEI Number 04-3781797		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CAPPS, WINSTON D. 20702 N.E. GUM STREET BLOUNTSTOWN, FL 32424		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18828 NW CA 287 City Clarksville FL Zip Code 32430	
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 <i>Winston Duane Capps</i> DATE <i>6/30/05</i> <small>(NOTE: Registered Agent's signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P CAPPS, WINSTON D 20702 N.E. GUM STREET BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete 18828 NW CA 287 Clarksville FL 32430	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I 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.			
SIGNATURE: <i>Winston Duane Capps</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>6/30/05</i> <small>Daytime Phone #</small>	