2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM **Secretary of State** DOCUMENT # P04000009595 1. Entity Name DRMY, INC. Principal Place of Business Mailing Address 1663 GEORGIA STREET NE 1712 ARDMORE STREET NE SUITE 1100 PALM BAY, FL 32907 PALM BAY, FL 32907 US 04012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1596123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATINO, JUANA Y DO NOT WRITE 1712 ARDMORE STREET NE PALM BAY, FL 32907 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATINO, RUDY STREET ADDRESS 1712 ARDMORE STREET NE U00000927861 05/21/08-80005-021 150.00 CITY-ST-ZIP PALM BAY, FL 32907 TITLE NAME PATINO, JUANA Y STREET ADDRESS 1712 ARDMORE STREET NE CITY-ST-ZIP PALM BAY, FL 32907 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED