

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90278 022 \*\*\*158.75

<b>DOCUMENT # P04000026158</b> 1. Entity Name <b>DMG STUDIOZ, INC.</b>					
Principal Place of Business <b>6154 WESTGATE DR APT 301 ORLANDO, FL 32835</b>			Mailing Address <b>6154 WESTGATE DR APT 301 ORLANDO, FL 32835</b>		
2. Principal Place of Business <b>1011 VIZCAYA LAKES ROAD</b>		3. Mailing Address <b>1011 VIZCAYA LAKES ROAD</b>			
Suite, Apt. #, etc. <b>#208</b>		Suite, Apt. #, etc. <b>#208</b>			
City & State <b>OCOE, FL</b>		City & State <b>OCOE, FL</b>			
Zip <b>34761</b>	Country <b>USA</b>	Zip <b>34761</b>	Country <b>USA</b>	4. FEI Number <b>20-1823230</b> <div style="float: right; text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>GALLIFORD, DAVID MICHEAL 6154 WESTGATE DR APT 301 ORLANDO, FL 32835</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>GALLIFORD, DAVID MICHEAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1011 VIZCAYA LAKES ROAD APT 208</b> City <b>OCOE</b> <b>FL</b> Zip Code <b>34761</b>		
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 <span style="float: right; text-align: right;">2/27/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GALLIFORD, DAVID MICHEAL</b> <input type="checkbox"/> Delete <b>6154 WESTGATE DR APT 301</b> <b>ORLANDO, FL 32835</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALLIFORD, DAVID MICHEAL</b> <b>1011 VIZCAYA LAKES ROAD, APT 208</b> <b>OCOE, FL 34761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>GALLIFORD, KATHERINE CHIN-YING</b> <b>6154 WESTGATE DR APT 301</b> <b>ORLANDO, FL 32835</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALLIFORD, KATHERINE CHIN-YING</b> <b>1011 VIZCAYA LAKES ROAD, APT 208</b> <b>OCOE, FL 34761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			2/27/05 407 616 5392 <small>Date Daytime Phone #</small>		

50023040



02282005 Chg-P CR2E034 (10/03)