2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P04000031043

Entity Name: DLC RESTORATIONS, INC.

Current Principal Place of Business:

240 FORSYTH STREET
BOCA RATON, FL 33487

New Principal Place of Business:

4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 334456553 US

Current Mailing Address:

240 FORSYTH STREET
BOCA RATON, FL 33487

New Mailing Address:

4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 334456552 US

FEI Number: 20-0824286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DONALD W `
240 FORSYTH STREET
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

CAMPBELL, DONALD W `
4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 33445 US

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: _____ 03/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMPBELL, DONALD W
Address: 240 FORSYTH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete
Name: CAMPBELL, LESLIE D
Address: 240 FORSYTH STREET
City-St-Zip: BOCA RATON, FL 334817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMPBELL, DONALD W
Address: 4881 S. CITATION DRIVE, #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change ( ) Addition
Name: CAMPBELL, LESLIE D
Address: 4881 S. CITATION DRIVE, #101
City-St-Zip: DELRAY BEACH, FL 33445

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: LESLIE CAMPBELL D 03/28/2006
Electronic Signature of Signing Officer or Director — Date