2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P04000058353

Entity Name: DNM ENTERPRISES INC

Current Principal Place of Business:

1911 SW DAY STREET
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1911 SW DAY STREET
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-0969061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALIZIA, CAMILLE
1911 SW DAY STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MALIZIA, CAMILLE
Address: 1911 SW DAY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: DEPASQUALE, JOSEPH
Address: 9915 NANTUCKET LANE
City-St-Zip: FORT PIERCE, FL 34945 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DEPASQUALE, JOSEPH
Address: 104-105 SW PEACOCK BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: SEC ( ) Change (X) Addition
Name: MALIZIA, LOUIS
Address: 1911 SW DAY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAMILLE MALIZIA PST 04/14/2005

Electronic Signature of Signing Officer or Director Date