

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069166

FILED
Jan 16, 2009
Secretary of State

Entity Name: DCKA, INC.

Current Principal Place of Business:

12437 NORTHWEST 63RD STREET
CORAL SPRINGS, FL 33076

New Principal Place of Business:

6240 CORAL RIDGE DRIVE
SUITE 103
CORAL SPRINGS, FL 33076

Current Mailing Address:

12437 NORTHWEST 63RD STREET
CORAL SPRINGS, FL 33076

New Mailing Address:

6240 CORAL RIDGE DRIVE
SUITE 103
CORAL SPRINGS, FL 33076

FEI Number: 20-1278424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, CONNIE M
12437 NORTHWEST 63RD STREET
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

FISCHER, CONNIE M
6171 NW 122ND TERRACE
CORAL SPRINGS, FL 33076 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: CONNIE M FISCHER

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISCHER, CONNIE M
Address: 12437 NW 63RD STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: FISCHER, DANIEL J
Address: 12437 NW 63RD ST.
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FISCHER, CONNIE M
Address: 6171 NW 122ND TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Change () Addition
Name: FISCHER, DANIEL J
Address: 6171 NW 122ND TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE M FISCHER

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date