2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P04000111586

Entity Name: DSQUARED, INC.

Current Principal Place of Business:

620 NE 28TH STREET #204
WILTON MANORS, FL 33334

New Principal Place of Business:

3050 NE 5TH TERRACE #10
WILTON MANORS, FL 33334

Current Mailing Address:

620 NE 28TH STREET #204
WILTON MANORS, FL 33334

New Mailing Address:

3050 NE 5TH TERRACE #10
WILTON MANORS, FL 33334

FEI Number: 20-1497100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURENCE, DAVID
620 NE 28TH STREET #204
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

LAURENCE, DAVID
3050 NE 5TH TERRACE #10
WILTON MANORS, FL 33334 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: LAURENCE, DAVID
Address: 620 NE 28TH STREET #204
City-St-Zip: WILTON MANORS, FL 33334

Title: VP/D ( ) Delete
Name: ASHTON, DAVID
Address: 3290 CLAIRMONT NORTH NE
City-St-Zip: ATLANTA, GA 30329

Title: T ( ) Delete
Name: LAURENCE, DAVID
Address: 620 NE 28TH STREET #204
City-St-Zip: WILTON MANORS, FL 33334

Title: S ( ) Delete
Name: ASHTON, DAVID
Address: 3290 CLAIRMONT NORTH NE
City-St-Zip: ATLANTA, GA 30329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: LAURENCE, DAVID
Address: 3050 NE 5TH TERRACE #10
City-St-Zip: WILTON MANORS, FL 33334

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

Title: T (X) Change ( ) Addition
Name: LAURENCE, DAVID
Address: 3050 NE 5TH TERRACE #10
City-St-Zip: WILTON MANORS, FL 33334

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

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: DAVID LAURENCE P/D 04/22/2009
Electronic Signature of Signing Officer or Director — Date