


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90376 047 \*\*\*150.00

**DOCUMENT # P04000115121**

1. Entity Name  
**DMH EARTHWORKS, INC.**



Principal Place of Business  
**123 SUNFLOWER STREET  
 ROYAL PALM BEACH, FL 33411**

Mailing Address  
**123 SUNFLOWER STREET  
 ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business  
**17298 66th Court N.**

3. Mailing Address  
**17298 66th Court N.**

Suite, Apt. #, etc.

City & State  
**Loxahatchee, FL**

City & State  
**Loxahatchee, FL**

Zip  
**33470**

Country



04182006 'Chg-P CR2E034 (11/05)

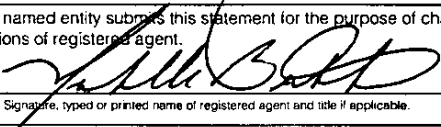
4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEINSTEIN, SETH T ESQ.  
 11440 OKEECHOBEE BOULEVARD  
 SUITE 104  
 ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent  
 Name **Michelle S. Bertolini, PA**  
 Street Address (P.O. Box Number is Not Acceptable) **3720 Coconut Creek Pkwy, Ste D**  
 City **Coconut Creek** FL Zip Code **33066**

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  DATE **4/18/06**

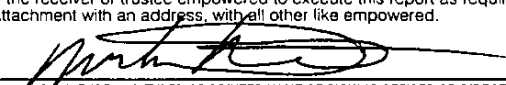
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, MIKE 123 SUNFLOWER STREET ROYAL PLAM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17298 66th Court N. Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, RAINE 123 SUNFLOWER STREET ROYAL PLAM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17298 66th Court N. Loxahatchee FL 33470
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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 exemptions contained 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 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:  DATE **4/20/06** DAYTIME PHONE # **561-66222-77**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR