


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-08-2007 90005 029 ***150.00

DOCUMENT # P04000129206		
1. Entry Name DLD VENTURES, INC		

Principal Place of Business 18854 3RD AVENUE FERDALE, FL 34729	Mailing Address 18854 3RD AVENUE CLERMONT, FL 34715
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2. Principal Place of Business - Mailing Address 81E DEMENS / PO Box 365	3. Mailing Address PO Box 365
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OAKLAND, FL	City & State OAKLAND, FL
Zip 34760	Zip 34760
Country	Country



01312007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1767413	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, DONALD L 432 TEIRRA VERDE LANE WINTER GARDEN, FL 34787	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 81E DEMENS / PO Box 365 City OAKLAND, FL Zip Code 34760	
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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 *Donald L Duncan* DATE 3/6/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DUNCAN, DONALD L 432 TEIRRA VERDE LANE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 *Donald L Duncan* DATE 3/6/2007 DAYTIME PHONE # 321-219-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT
66006057

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2007

DLD VENTURES, INC
P.O. BOX 365
OAKLAND, FL 34760

Subject: **DLD VENTURES, INC**

Reference Number: **P04000129206**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AR
ANNUAL REPORTS SECTION

*Sorry - There is no mail delivery
to this section of Oakland,
therefore I gave you both -
Harker
Don*

P.O. BOX 6327 - Tallahassee, Florida 32314