2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139226

Entity Name: DYOLL ENTERPRISES INC

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4141 NW 44 AVE 321 LAUDERDALE LAKES, FL 33319 **New Mailing Address: Current Mailing Address:** 4141 NW 44 AVE P.O. BOX 25144 TAMARAC, FL 33320 LAUDERDALE LAKES, FL 33319 FEI Number: 73-1720221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWELL, OSWALD L P 4141 NW 44 AVE LAUDERDALE LAKES, FL 33319 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition POWELL, OSWALD L Name: Name: 4141 NW 44 AVE Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 US City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: POWELL, RHONA S Name: 12206 NORTHWOOD DR Address: Address: UPPER MARBORO, MD 20772 US City-St-Zip: City-St-Zip: Title: Title: VΡ (X) Delete () Change () Addition POWELL, LESLIE A Name: Name: 12206 NORTHWOOD DR Address: Address: City-St-Zip: UPPER MARBORA, MD 20772 US City-St-Zip: Title: () Delete Title: () Change () Addition NORA, BENJAMIN Name: Name: Address: 15026 GREEN VALLEY BLVD Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: Title: CEO () Delete CEO (X) Change () Addition Name: FULLER, MICHELLE A CEO Name: FULLER, MICHELLE A CEO

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.

Address:

City-St-Zip:

454 EAST 186TH STREET

BRONX, NY 10458 US

SIGNATURE: OSWALD POWELL P 09/02/2008

454 EAST 186TH STREET

BRONX, NY 10458

Address: City-St-Zip: