## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P04000140897 1. Entity Name D & L'S BLOW OUT, INC Principal Place of Business Mailing Address 3469 BOYNTON BCH. BLVD 3469 BOYNTON BCH. BLVD BOYNTON BCH., FL 33436 BOYNTON BCH., FL 33436 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3170406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NOURY, DAVID A 8600 WINDFALL DR. BOYNTON BCH., FL 33437 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NOURY, DAVID A NAME STREET ADDRESS 8600 WINDFALL DR. BOYNTON BCH., FL 33437 CITY-ST-ZIP

VP TITLE NOURY, LORRAINE B NAME STREET ADDRESS 8600 WINDFALL DR. CITY-ST-ZIP BOYNTON BCH., FL 33437 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS CITY-ST-ZIP

> OUCHIVE ON DUICH TOUCHE BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF NOER OR DIRECTOR

4/22/01

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