


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90070 014 \*\*\*150.00

<b>DOCUMENT # P04000143300</b>	
1. Entity Name DDM INVESTMENT GROUP, INC.	

Principal Place of Business 5510 HAINES ROAD ST. PETERSBURG, FL 33714 US	Mailing Address 5510 HAINES ROAD ST. PETERSBURG, FL 33714 US
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2. Principal Place of Business - No P.O. Box # 8601 Fourth St N	3. Mailing Address 8601 Fourth St N.
Suite, Apt. #, etc. SUITE 203-I	Suite, Apt. #, etc. SUITE 203-I
City & State St. Pete, FL	City & State St. Pete, FL
Zip 33702	Country USA

04302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1773889	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SINGHA, DAVID R ESQ.  
8801 DR. M.L. KING JR. STREET NORTH  
ST. PETERSBURG, FL 33702

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable) 8601 Fourth St N.
SUITE 203-I
City St. Pete, FL Zip Code 33702

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  David R. Singha Esq 4-30-07  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, W M 5510 HAINES ROAD ST. PETERSBURG, FL 33714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGHA, DAVID R 8801 DR. M.L. KING JR. STREET NORTH, ST. PETERSBURG, FL 33702 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07