

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90034 005 \*\*\*150.00

DOCUMENT # P04000170260

1. Entity Name  
DMX VENTURES INC



Principal Place of Business

~~170 BRYAN CAVE RD~~  
~~SO DAYTONA, FL 32119~~

Mailing Address

~~170 BRYAN CAVE RD~~  
~~SO DAYTONA, FL 32119~~

2. Principal Place of Business

3604 CARDINAL AVE

3. Mailing Address

3604 CARDINAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

Zip

32118

Country

USA

Zip

32118

Country

USA

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2005787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCUTCHEON, DAVID  
~~170 BRYAN CAVE RD~~  
~~SO DAYTONA, FL 32119~~

3604 CARDINAL AVE  
PORT ORANGE FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**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

TITLE P ☐ Delete  
NAME MCCUTCHEON, DAVID  
STREET ADDRESS ~~170 BRYAN CAVE RD~~  
CITY-ST-ZIP ~~SO DAYTONA, FL 32119~~

TITLE VP ☐ Delete  
NAME MCCUTCHEON, LISA  
STREET ADDRESS ~~170 BRYAN CAVE RD~~  
CITY-ST-ZIP ~~SO DAYTONA, FL 32119~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 741 Barrows Dairy Rd.  
CITY-ST-ZIP Port Orange FL 32127

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 741 Barrows Dairy Rd  
CITY-ST-ZIP Port Orange FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2/10/06

Date

Daytime Phone #