2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P05000006876 03-27-2006 90259 016 ***150.00 1. Entity Name DCC ACQUISITIONS INC. Principal Place of Business Mailing Address 66010766 7380 RED RD. SOUTH MIAM! FL 33143 7380 RED RD. SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. F, etc. Suite, Apt. #, etc 1ST MOORE CR2E034 (10/05) 4. FEI Number 219609 City & State City & State Applied For Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESSEN, ANDREW J-والأرابي وتتعمل الأناب Street Address (P.O. Box Number is Not Acceptable) 7380 RED RD. SOUTH-MIAMI-FL-33143 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 Speakure, hybertox powerd name of registrated agent and late of appropriate (HOTE Registered Again signature resulted when leavistating) DATE FILE NOW III FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing late Creck Payable to Florida Department of State Trust Fund Contribution. OFFICERS AND DIRECTOR 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PAKIDREW J. HEGEN DOWN 1380 RED RD MINMI, FL 33143 MILE MLE Addition Change | NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP UITE D Defete TITL F ☐ Change ☐ Addition NAME NAME STREET ADOMESS STREET ADDRESS CITY-SI-Z# CITY-ST-ZIP IIIU ☐ Delete MILE Crange Addition 144.48 STREET ADDRESS STREET ADDRESS CITY. ST. 79 CITY - ST- 74P TILE ☐ Delate HILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY- 51- 20 HILE Delete TOT 5 ☐ Change Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-71P CITY-51-72 MLC ☐ Daletz ☐ Change Addition NAME HALE STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP 12. I heraby certify that the information supplied with this filing does not qualify for the exemptions conteined in Section 119. Florida Statutes, I turther certify that the information indicated on this report or supplierhental 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 restrieve/or furstee empowered to by descrute 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 attendment with a address, with sylother like empowered. SIGNATURE: TO MAME OF SIGNING OFFICER OR DIRECTOR

FILED