

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012445

Entity Name: DZINE CITY ENTERPRISES, INC.

FILED
May 31, 2007
Secretary of State

Current Principal Place of Business:

2722 MANGO TREE DRIVE
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

2722 MANGO TREE DRIVE
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 51-0534844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASH, MARY
2722 MANGO TREE DRIVE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CASH, MARY
Address: 2722 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VD () Delete
Name: CASH, BRIAN
Address: 2722 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASH, MARY
Address: 2722 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: VD (X) Change () Addition
Name: CASH, BRIAN
Address: 2722 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: TD () Change (X) Addition
Name: PATTERSON, DORENE
Address: 2722 MANGO TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

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.

SIGNATURE: MARY CASH

PD

05/31/2007

Electronic Signature of Signing Officer or Director

Date