2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000044091** 04-12-2006 90072 044 ***150.00 DCM INVESTMENT GROUP COMPANY Mailing Address Principal Place of Business 2027 SACRAMENTO 2027 SACRAMENTO 66013767 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 616 Not Applicable \$8.75 Additional Fee Required Country Zip Country Zip 5_Certificate of Status Desired, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCADO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 2027 SACRAMENTO WESTON, FL 33326 City Zip Code FL 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 regressed agent and tale if applicable. (NOTE: Registered Agent signature required when reinfitting) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ITTLE PSTD Deteta TITLE MERCADO, CARLOS NAME STREET ADDRESS 2027 SACRAMENTO STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-SI-ZIP Addition Delette TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mle Change Addition MILE Detabe NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE Change Addition NUME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change Addition TITLE MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statures. 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 eath; that I am an officer or director of the corporation or the receiver for 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:

FILED