
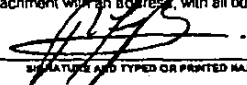


FILED
Jul 25, 2006 8:00 am
Secretary of State

3/2

03-23-2006 90001 017 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000048935 1. Entity Name DOUGLAS EQUIPMENT INTERNATIONAL, INC.					
Principal Place of Business 100 N. TAMPA STREET, SUITE 3500 TAMPA, FL 33602		Mailing Address 100 N. TAMPA STREET, SUITE 3500 TAMPA, FL 33602			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0457324	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, DAVID W 100 N. TAMPA STREET, SUITE 3500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BREWIS, LEE DOULGAS HOUSE VILLAGE RD ARLE CHELTENHAM GLOUCESTERSHIRE UNITED KINGD, GL51 0AB	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP of Operations Peter Richards 8305 Cherokee Blvd., Ste. B Douglasville, GA 30134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D TOWILL, ROBERT DOULGAS HOUSE VILLAGE RD ARLE CHELTENHAM GLOUCESTERSHIRE UNITED KINGD, GL51 0AB	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"/> Delete	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"/> Delete	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"/> Delete	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: 		PETER RICHARDS.		10 MAR 2006 (813) 225-3087	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66022195



03072006 Chg-P CR2E034 (11/06)



ATTACHMENT

66022195

P85000018935

100 NORTH TAMPA STREET
SUITE 3500
TAMPA, FLORIDA 33602
P.O. BOX 3310 (33601-3310)
TELEPHONE: 813.225.3020
FACSIMILE: 813.225.3039
www.broadandcassel.com

DAVID W. ADAMS, P.A.
DIRECT LINE: (813) 225-3087
DIRECT FACSIMILE: (813) 204-2126
EMAIL: dadams@broadandcassel.com

July 5, 2006

VIA FEDERAL EXPRESS

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-15000

Re: Douglas Equipment International, Inc.
2006 Annual Corporation Report

Gentlemen:

Please find enclosed a copy of your Notice of Intent to Dissolve, for failure to file the 2006 Corporation Annual Report. Also enclosed is a copy of the 2006 Annual Corporation Report and the certified mail receipt evidencing receipt by your office on April 23, 2006, by Damien Peterson.

Please advise what further action, if any, we need to take to resolve this matter. I await confirmation that you have located and appropriately filed the 2006 Annual Corporation Report received by your office on April 23, 2006.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

BROAD AND CASSEL

David W. Adams, P.A.

DWA:sab
Enc.

cc: Mr. Peter Richards
Douglas Equipment International, Inc.

ATTACHMENT

66022195
P05000048935

BROAD AND CASSEL
VENDOR: 5469 Florida, Department of State

Acct. #

Check No.: 30212

REF #	INV. #	INV. DATE	INV. AMOUNT	INV. DESCRIPTION	AMT. PAID
327253	20060321	03-21-06	150.00	34568.0001	150.00

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROENCODING BOBNET

BROAD AND CASSEL
OPERATING ACCOUNT
100 N. TAMPA ST.
SUITE 3500
TAMPA, FL 33602

Pay **ONE HUNDRED FIFTY AND 00/100**
Department of State, State of Florida

TO THE ORDER OF

Wachovia Bank
Tampa, FL

Check Date: Mar. 21, 2006

Amount: \$ 150.00

30212
65107 513

[Signature]
Authorized Signature

THE DOCUMENT CONTAINS NO FALSIFICATION. FOLDS OR PRESSURE AND WATER DISAPPEARS WITH HEAT.

ATTACHMENT

66032195

P05 000048935

7101 5595 0440 0001 2662

RETURN RECEIPT SERVICE	POSTAGE		POSTMARK OR DATE
	RESTRICTED DELIVERY FEE	\$0.39	
	CERTIFIED FEE	\$0.00	
	RETURN RECEIPT FEE	\$2.40	
SENT TO:	TOTAL POSTAGE AND FEES	\$1.85	
		\$4.64	
3/21/2006 Code: 2:22 PM File: Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-15000			

PS FORM 3800



RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
	A. Signature x <i>Damien Peterson</i> <input checked="" type="checkbox"/> Agent
	B. Received by (Printed Name) DAMIEN PETERSON <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-15000	D. Is delivery address: If YES enter delivery address below: 7101 5595 0440 0001 2662
3/21/2006 2:22 PM	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Douglas Equipment

PS Form 3811

Batch #: 2023

Domestic Return Receipt