2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000049136

D & D STUDIOS, INC



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

104 NW 3RD AVENUE CHIEFLAND, FL 32626 104 NW 3RD AVE CHIEFLAND, FL 32626



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01172007

Applied For 4. FEI Number 20-2614855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

DEAN, DEBORAH H 6050 NW 100TH STREET CHIEFLAND, FL 32626

DO NOT WRITE

Of the Court	10,11 02020		IN THIS SPACE				
	named entity submits this statement for the plions of registered agent	ourpose of changing its registered of	flice or register	ed agent, or both	h, in the State of Floride. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable (NOTE, Registered Ager	ni signature required	l when reinstating)	OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		.00 May Be ad to Fees	•		
10.	OFFICERS AND DIREC	CTORS		•			
NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, DEBORAH H 6050 NW 100TH STREET CHIEFLAND, FL 32626				U00000607378		
THE NAME STREET ADDRESS CITY-SI-ZIP	V BLOCK, DARLEEN M 709 SW 14TH STREET CHIEFLAND, FL 32626				01/31/07-80035-017 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE				IN 7	THIS SPACE		

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.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> Helen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(353)490 149