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Secretary of State

05-03-2006 90228 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000062981

1. Entity Name
DVM ENTERPRISES INC

Principal Place of Business	Mailing Address
951 SW 4TH AVE BOCA RATON, FL 33432	951 SW 4TH AVE BOCA RATON, FL 33432

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4956 LE CHALET BLVD		4956 LE CHALET BLVD	
Suite, Apt. #, etc. SUITE 15		Suite, Apt. #, etc. 15	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH FL	
Zip 33436	Country USA	Zip 33436	Country USA

4. FEI Number 20-2758610 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRECIPUO, LAWRENCE
4956 LE CHALET BLVD SUITE 15
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 [signature] 4/30/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	VP PRECIPUO, LAWRENCE 951 SW 4TH AVE BOCA RATON, FL 33432	☒ Delete	VP PRECIPUO, LAWRENCE 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRECIPUO, PASQUALE 951 SW 4TH AVE BOCA RATON, FL 33432	☒ Delete	P PRECIPUO, LAWRENCE 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] Vice President 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #