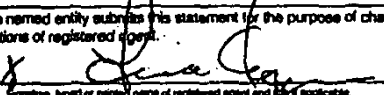
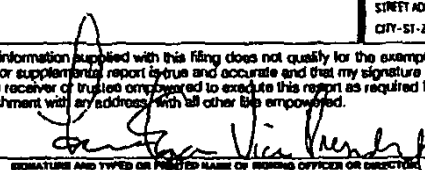


FILED
Jul 11, 2006 8:00 am
Secretary of State

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 951 SW 4TH AVE BOCA RATON, FL 33432		Mailing Address 951 SW 4TH AVE BOCA RATON, FL 33432	
2. Principal Place of Business 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436		3. Mailing Address 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436	
4. FFI 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  DATE 4/30/06	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP VP PRECIPO, LAWRENCE 951 SW 4TH AVE BOCA RATON, FL 33432 P PRECIPO, PASQUALE 951 SW 4TH AVE BOCA RATON, FL 33432	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP VP PRECIPO, LAWRENCE 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436 P PRECIPO, LAWRENCE 4956 LE CHALET BLVD SUITE 15 BOYNTON BEACH, FL 33436		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 appointed 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 lists empowered.	
SIGNATURE  DATE 4/30/06		SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR	