

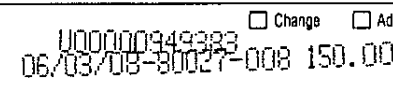
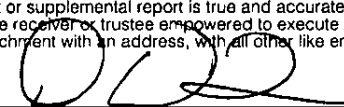


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000069738</b> 1. Entity Name <b>D &amp; D SCREEN SERVICES, INC.</b>					
Principal Place of Business <b>2825 BUCKLEY AVENUE LAKE WORTH, FL 33461 US</b>			Mailing Address <b>2825 BUCKLEY AVENUE LAKE WORTH, FL 33461 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number <b>56-2514343</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P TURNER, DONALD J 2825 BUCKLEY AVENUE LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <div style="text-align: center;">  </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, DONALD J 2825 BUCKLEY AVENUE LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP WITHINGTON TURNER, DEBORAH 2825 BUCKLEY AVENUE LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITHINGTON TURNER, DEBORAH 2825 BUCKLEY AVENUE LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <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"/> Delete  <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"/> Delete  <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.					
<b>SIGNATURE:</b>  <b>Deborah Withington Turner</b> <b>4-29-08</b> <b>561-312-5218</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					