


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

Apr 14, 2008 0  
Secretary of

DOCUMENT # P05000070015 1. Entity Name DDMC INVESTMENT, INC.	
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Principal Place of Business 8112 JOSE FA WAY NAPLES, FL 34114	Mailing Address 57 RUE DE SASSY LOT VAL D'OR ST. RAPHAEL, 83700 FR
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04062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0819339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEHAUX, SYLVIE  
8112 JOSE FA WAY  
NAPLES, FL 34114

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000894673  
04/24/08-80036-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CHRISTINE, MARIE 57 RUE DE SASSY LOT VALD'OR 83700 ST RAPHAEL FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRISTINE, MARIE 57 RUE DE SASSY LOT VALD'OR 83700 ST RAPHAEL FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPVANG, DAVID 57 RUE DE SASSY LOT VALD'OR 83700 ST RAPHAEL FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN 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.

**SIGNATURE:** DAVID SPVANG CHRISTINE MARIE 04/16/2008 001133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #