2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2007 8:00 am Secretary of State

DOCUMENT # P05000073986 1. Entity Name DINO VELVET MANAGEMENT COMPANY				03-02-2007 90013 028 ***150.00	
Principal Place of Business 2000 E EDGEWOOD DR STE 102 LAKELAND, FL 33803		Mailing Address 2000 E EDGEWOOD DR STE 102 LAKELAND, FL 33803		φηθαινοι	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied Fo 20-4364751 Not Applie	-
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
EEVB CH	DISTORUSED M		Name	ry F. Richards	
	RISTOPHER M GEWOOD DR STE 102		Street Addre	ss (P.O. Box Number is Not Acceptable) 00 E.Edgewood Dr., Ste. 102	\Box
LAKELAND, FL 33803			201	UU E.Edgewood Dr.,Ste. 102	\dashv
				keland FL 33803	
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. am familiar with, and accept the obligations of registered agent.					
1/2 1/2 /2 m2					
SIGNATURE					
9. Election Comparing Figuresian CF 00 o					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE	PST CODE	☐ Delete	TITLE NAME	☐ Change ☐ Add	ition
NAME STREET ADDRESS	FANCELLI, GREGORY 1355 JEFFERSON DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	Change Add	Jition
NAME	RICHARDS, GARY F		NAME		
STREET ADDRESS CITY-ST-ZIP	2000 E. EDGEWOOD DR., STE LAKELAND, FL 33803	102	STREET ADDRESS CITY-ST-ZIP		
TITLE	LAKELAND, FE 33003	Delete	TITLE	Change Ado	nition
NAME		Delete	NAME		.,
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	lition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CHTY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ado	ition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change ☐ Add	fition
NAME		CT Deign	NAME	E. Onengo E. Mai	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-S1-ZIP		
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the exemptions contain	ined in Chapter 119, Florida Statutes. I further certify that the informatic	วท

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 true ee 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2001 863-668-7353