FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2006 8:00 am
Secretary of State
03-20-2006 90016 043 ***150.00

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DOCUMENT # P05000080281

1. Entity Name
DMM HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
660 LINTON BLVD	722 SUNNY SOUTH AVE
Suite, Apt. #, etc. 218-D	Suite, Apt. #, etc.
City & State DELRAY BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33344 Country US	Zip 33436 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2972946 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name MARK [illegible] STOE
Street Address (P.O. Box Number is Not Acceptable) 722 SUNNY SOUTH AVE
City BOYNTON BEACH **FL** Zip Code 33436

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] 2/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MARK [illegible] STOE
STREET ADDRESS	722 SUNNY SOUTH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	TD
NAME	DIMITRIOS ELIOPOULOS
STREET ADDRESS	722 SUNNY SOUTH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-28-06 PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #