2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

03-01-2006 90034 035 ***150.00

DOCUMENT # P06000098832

1. Entity Name

D & D ACADEMY, INC.

Principal Place of Business	Mailing Address
5595 W LUTZ LAKE FERN RD. LUTZ FL 33558 US	5595 W LUTZ LAKE FERN RD. LUTZ FL 33558 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
5595 W Lutz Lake Fern Rd	5595 W Lutz Lake Fern Rd
Suite, Apt. #, etc.: Lutz, FL	Suite, Apt. #, etc.: Lutz, FL
City & State: 33558	City & State: 33558
Zip / Country: Hillsborough	Zip / Country: Hillsborough

4. FEI Number: 20-3149109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIZLAW
2350 34TH STREET N
SAINT PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name: Daphne Washington

Street Address (P.O. Box Number is Not Acceptable): 19240 Wood Sage Dr

City: Tampa FL Zip: 33647

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: Daphne Washington 2/16/06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,T ☐ Delete	TITLE	Daphne Washington ☐ Change ☐ Addition
NAME	WASHINGTON, DAPHNE	NAME	
STREET ADDRESS	5595 W LUTZ LAKE FERN RD.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33558	CITY-ST-ZIP	
TITLE	VP,S ☐ Delete	TITLE	Darcy Dobbie ☐ Change ☐ Addition
NAME	DOBBIE, DARCY	NAME	
STREET ADDRESS	5595 W LUTZ LAKE FERN RD.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33558	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #