2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000113001 1. Entity Name DMB SERVICES, INC.								FILET: 06 APR 26 PN 12: 11					
Principal Place of Business 530 14TH AV S SAFETY HARBOR, FL 34695 US Mailing Address POST OFFICE BOX 523 SAFETY HARBOR, FL 34695							-				1100 1 (1 202 11)) 1481 485
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			8	uite, Apt. #, etc.		<u> </u>	04212006	Chg-l	•	CR2E03	34 (11/05)		
City & State			City & State					4. FEI Numb 57-122					oplied For at Applicable
Zip	Zip Country			lip	ntry				8.75 Add	litional			
6. Name and Address of Current Registered Agent						Name		7. Name and	i Address o	f New Re	gistered A	gent	
SANDERS, DENISE 530 14TH AV S						Street Address (P.O. Box Number is Not Acceptable)							
SAFETY H	IARBOR, I												
						City		-	_		FL	Zip Code	е
	named entity ions of regist	y submits this statement for lered agent.	the p	urpose of changing its	register	ed office or	register	red agent, or bo	th, in the St	ate of Flori	da. Lam f	amiliar with,	and accept
SIGNATURE_		ruse Sar or printed name of registered agent a		Applicable (NOTI	: Registere	ed Agent signatu	ire required	when reinstating)	04	-2/	-06 DATE		
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10. OFFICERS AND I				TORS Delete	11.			ADDITIONS	L /CHANGES	TO OFFIC			
title Name	PRES SANDERS	TITL NAM	1		☐ Change ☐ Addition								
STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							500074460945 05/12/06-01006 @(_**70.00 Change Addition					
TITLE NAME	VP SANDERS	IITL NAM			05/12/06010U5								
STREET ADDRESS City-St-Zip	252 5TH A	STRI	EET ADDRESS '-ST-ZIP										
TITLE	SECR Delete TITLE											☐ Chaпge	Addition
NAME STREET ADDRESS	SANDERS 252 5TH A	S, BRANDY AV N	IE Eet address										
CITY-ST-ZIP	SAFETY HARBOR, FL 34695 CITY						Danie	<u> </u>		1 1.00		- TD 01-	
NAME	TREA Delete TITL KING, JULIE NAM						reri WH	forming fraud transactions - Addition to funds financed by a bank,					
CITY-ST-ZIP	STREET ADDRESS 705 5TH ST S S S S S S S S S						funds used to build a structure.						re.
title Name							Alic	owing i	un II c	ense	d sw	Dr.C.Qu	//delo rs
STREET ADDRESS City-St-zip								perform work for lower ces. Work performed incorrectly,					
TITLE	DIRE			Doler / Ca	TITL	E		sure	· · · · · ·	, 0, , , ,		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	13516 TP	, MARJORIE TRAIL HILL, FL 34609	1	5/70	1	EET ADDRESS '-st-zip							
12. I hereby of indicated of the cor	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.												
SIGNAT	URE: 🚁	OLMISO SIGNATURE AND TYPED OR PI	S/ RINTED	MALLS AND SERVICE OF SIGNING OFFICER	OR DIREC	TOR	04	-21-00	2 Z	27- <i>a</i>	244-	<u>063.°</u> ytime Phone ≢	3