2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113001

Entity Name: DMB SERVICES, INC.

FILED Aug 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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530 14TH AV S 13516 TP TRAIL

SAFETY HARBOR, FL 34695 US SPRING HILL, FL 34609 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 523 POST OFFICE BOX 235

SAFETY HARBOR, FL 34695 US CRYSTAL BEACH, FL 34681 US

FEI Number: 57-1223583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, DENISE SANDERS, DENISE

530 14TH ÁV S 252 5TH ÁV N

SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: 08/09/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 SANDERS, DENISE
 Name:
 SANDERS, DENISE

 Address:
 530 14TH AV S
 Address:
 13516 TP TRAIL

City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete Title: () Change () Addition

 Name:
 SANDERS, MATTHEW
 Name:

 Address:
 252 5TH AV N
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695 US
 City-St-Zip:

Title: SECR () Delete Title: () Change () Addition

 Name:
 SANDERS, BRANDY
 Name:

 Address:
 252 5TH AV N
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695 US
 City-St-Zip:

Title: T () Delete Title: TREA (X) Change () Addition

 Name:
 BREWER, MARJORIE
 Name:
 BREWER, MARJORIE

 Address:
 13516 TP TRAIL
 Address:
 13516 TP TRAIL

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SANDERS PRES 08/09/2007