

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155133

Entity Name: DUI IMMOBILIZATION, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

13374 TWIN LAKE AVE
SPRING HILL, FL 34609

New Principal Place of Business:

300 NATIONAL ORANGE AVE
OLDSMAR, FL 34677

Current Mailing Address:

P O BOX 5808
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 20-3806623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAGAN, MARGARET G
13374 TWIN LAKE AVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

STOUTIMORE, WHITNEY L
300 NATIONAL ORANGE AVE
OLDSMAR, FL 34677 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: WHITNEY L. STOUTIMORE

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAGAN, MARGARET G
Address: 13374 TWIN LAKE AVE
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: CAGAN, JONATHAN J
Address: 13374 TWIN LAKE AVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STOUTIMORE, ZACHARIAH A
Address: 300 NATIONAL ORANGE AVE
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change () Addition
Name: STOUTIMORE, WHITNEY L
Address: 300 NATIONAL ORANGE AVE
City-St-Zip: OLDSMAR, FL 34677

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: ZACHARIAH A. STOUTIMORE

D

01/24/2008

Electronic Signature of Signing Officer or Director

Date