2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155133

Entity Name: DUI IMMOBILIZATION, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 NATIONAL ORANGE AVE 1855 LENAWEE LOOP APT 302 OLDSMAR, FL 34677 NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

P O BOX 5808 1855 LENAWEE LOOP APT 302 SPRING HILL, FL 34611 NEW PORT RICHEY, FL 34655

FEI Number: 20-3806623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STOUTIMORE, WHITNEY L
300 NATIONAL ORANGE AVE
OLDSMAR, FL 34677 US
STOUTIMORE, WHITNEY L
1855 LENAWEE LOOP APT 302
NEW PORT RICHEY, FL 34655 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 STOUTIMORE 04/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 STOUTIMORE, ZACHARIAH A

 Address:
 300 NATIONAL ORANGE AVE

 City-St-Zip:
 OLDSMAR, FL
 34677

 Title:
 D () Delete

 Name:
 STOUTIMORE, WHITNEY L

 Address:
 300 NATIONAL ORANGE AVE

 City-St-Zip:
 OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STOUTIMORE, ZACHARIAH A
Address: 1855 LENAWEE LOOP APT 302
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change () Addition
Name: STOUTIMORE, WHITNEY L
Address: 1855 LENAWEE LOOP APT 302
City-St-Zip: NEW PORT RICHEY, FL 34655

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: WHITNEY STOUTIMORE D 04/10/2009