

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/2

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-02-2007 90026 048 ***158.75

DOCUMENT # P05000160972 1. Entity Name DDK INVESTMENTS, INC.	
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Principal Place of Business 6110 CLARK CENTER AVENUE SARASOTA, FL 34238	Mailing Address 6110 CLARK CENTER AVENUE SARASOTA, FL 34238
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DO NOT WRITE IN THIS SPACE

66605712



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3908616	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMERSLEY, PHILIP N ESQ.
1819 MAIN STREET
SUITE 610
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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.

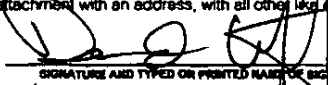
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVIS, KIM 6110 CLARK CENTER AVENUE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZEL, DAVID 5317 FRUITVILLE ROAD #126 SARASOTA, FL 34234
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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.

SIGNATURE:  **David Wenzel** 2-13-07 941-9240519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #