2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164688

Current Mailing Address:

Entity Name: DDA GROUP OF FLORIDA, INC.

FILED Jun 25, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

28 BROADWAY, SUITE 206 KISSIMMEE, FL 34741 5381 HOFFNER AVENUE

SUITE B

ORLANDO, FL 32812

5381 HOFFNER AVENUE 5381 HOFFNER AVENUE ORLANDO, FL 32812 SUITE B

ORLANDO, FL 32812

New Mailing Address:

FEI Number: 86-1169011 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:

FRANCESCHI, YVETTE FRANCESCHI, YVETTE 28 BROADWAY , SUITE 206 HISTORIC KISSIMMEE, FL 32471 5381 HOFFNER AVENUE US SUITE B ORLANDO, FL 32812 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: YVETTE FRANCESCHI 06/25/2008

> 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: () Delete Title: (X) Change () Addition TORRES, DAVID SANTIAGO TORRES SANTIAGO, DAVID Name: Name: 1601 CALLE TAMESIS 5381-B HOFFNER AVENUE Address: Address: City-St-Zip: SAN JUAN, PUERTO RICO 00926, City-St-Zip: ORLANDO, FL 32812

Title: () Delete Title: **VPS** () Change (X) Addition

Name: Name: MILLAN, JUAN E

Address: Address: 616 CINAMMON TEAL CIRCLE

EL PASO, TX 79932 City-St-Zip: City-St-Zip:

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: DAVID SANTIAGO TORRES **PRES** 06/25/2008