2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# P06000029124

Entity Name: DIVIDERDOLLRZ, INC.

Current Principal Place of Business:

8515 FORMEL AVE.
PORT RICHEY, FL 34668

New Principal Place of Business:

10313 MARSHA DR.
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8515 FORMEL AVE.
PORT RICHEY, FL 34668

New Mailing Address:

10313 MARSHA DR.
NEW PORT RICHEY, FL 34655

FEI Number: 20-4387975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REID, DOREEN
8515 FORMAL AVE.
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

REID, DOREEN
10313 MARSHA DR.
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: DOREEN L. REID 04/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REID, DOREEN
Address: 8515 FORMEL AVE
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete
Name: DAKICH, THOMAS P
Address: 151 N. DELAWARE STR., SUITE 1510
City-St-Zip: INDIANAPOLIS, IN 46204

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REID, DOREEN
Address: 10313 MARSHA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: REID, DAVID W
Address: 10313 MARSHA DR.
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: DOREEN L. REID P 04/14/2008
Electronic Signature of Signing Officer or Director Date