## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000113824

FILED Feb 09, 2007 Secretary of State

**Entity Name:** DKD INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 1960 U.S. 1 SOUTH 8539 WYNDHURST DRIVE PMB#312 JACKSONVILLE, FL 32244 US SAINT AUGUSTINE, FL 32086 **New Mailing Address: Current Mailing Address:** 1960 U.S. 1 SOUTH 3930 BOLES CREEK DRIVE PMB#312 DULUTH, GA 300965443 US SAINT AUGUSTINE, FL 32086 FEI Number: 20-5480414 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GRAY, DOUGLAS A GRAY, DOUGLAS A Name: Name: 1960 U.S. 1 SOUTH PMB #312 3930 BOLES CREEK Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 320866 City-St-Zip: DULUTH, GA 300965443 US Title: () Delete Title: ( ) Change (X) Addition CARTWRIGHT, JENNIFER L Name: Name: 3930 BOLES CREEK Address: Address: DULUTH, GA 300965443 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition Name: GRAY, DOUGLAS J Name: 8539 WYNDHURST DRIVE Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS A GRAY D 02/09/2007