

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134237

FILED
Jan 27, 2007
Secretary of State

Entity Name: DOLLAR 4 MORE, INC.

Current Principal Place of Business:

5100 U.S. HWY 98 SOUTH
#3
LAKELAND, FL 33810

New Principal Place of Business:

5100 U.S. HWY 98 NORTH
#3
LAKELAND, FL 33809

Current Mailing Address:

5100 U.S. HWY 98 SOUTH
#3
LAKELAND, FL 33810

New Mailing Address:

5100 U.S. HWY 98 NORTH
#3
LAKELAND, FL 33809

FEI Number: 20-5770242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABURJAI, LAMA
10326 STEVEN DR.
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ABURJAI, LAMA
Address: 10326 STEVEN DR.
City-St-Zip: POLK CITY, FL 33868

Title: VP () Delete
Name: SHARAWI, MUAWIA
Address: 10326 STEVEN DR.
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LAMA ABURJAI

P

01/27/2007

Electronic Signature of Signing Officer or Director

_____ Date