## FILED Apr 24, 2007 8:00 am Secretary of State 04-09-2007 90093 001 \*\*\*150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

		7411110711				_				
DOCUI 1. Entity Nam D & V PO	e	# P0600014 PLY, INC.								
Principal Place	e of Busines	<del> </del>	.!	7						
10132 W IND JUPITER, FL	DIANTOWN P	_	Mailing Address 10132 W INDIANTOWN RD JUPITER, FL 33478			4 18 97 18 97 4	A BANG BING BING BING B	1 HEN <b>iner</b> i Kal	L BIRRI JEIRZ (1	TISOLO LOM
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03282007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Numb	744754		<u> </u>	oplied For ot Applicable
Zip	Country		Zip Coun		ntry	J	of Status Desired	ءِ ت	8.75 Ad ee Require	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New Ri	igistered A	gent _	
GRUDINSKY, DEBORAH 10132 W INDIANTOWN RD JUPITER, FL 33478					Street Address (P.O. Box Number is Not Acceptable)					
JOHNER, 16 35470					City				1 70 00	
					Chy			FL	Zip Cod	18
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 Signature, typed or printed name of regulatinal agent and stile if applicable. (NOTE: Regulatinal algorital algoritative required when rematating)  DATE										
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		FEE IS \$150.00 7 Fee will be \$550	9. Election Camp Trust Fund Co			5.00 May Be ided to Fees				
tD.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	\$ (N 11
mt :	D Detata			tin	ı.				Change	Addition
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STREET ADDRESS					EET ADDRESS					
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12. Thereby 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 eath; 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: \$ / Culval Gradusky 4/2/07 561-748-1271										
2.2.2.	~··~-	BONATION AND TARGET OF	R PRINTED NAME OF SIGNING OFFICE	in ne harc	Tob		Clate	Day.	trans Disease 4	