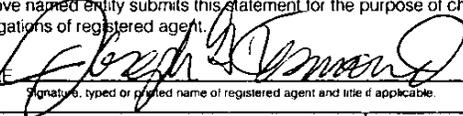
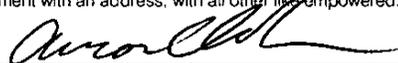


2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|-------------------|--|---|---|---------------------|
| DOCUMENT # P07000019157 | | | |  | |
| 1. Entity Name DIRTY DAWG SOUTH EXEC. ENTERTAINMENT, INC. | | | | | |
| Principal Place of Business 1939 NW 91 STREET MIAMI, FL 33147 | | | Mailing Address 1939 NW 91 STREET MIAMI, FL 33147 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TESMOND, JOSEPH G 2121 S.W. 3RD AVENUE, SUITE 100 MIAMI, FL 33129 | | | Name JOSEPH G. TESMOND Street Address (P.O. Box Number is Not Acceptable) 3300 BLUE LAGOON DR SUITE 125 City MIAMI FL 33126 | | |
| 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  | | | (NOTE: Registered Agent signature required when reinstating) | | DATE 2/22/08 |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PVST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLARK, ARRON T | | NAME | | |
| STREET ADDRESS | 1939 NW 91 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33147 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | 700120809697 | |
| STREET ADDRESS | | | STREET ADDRESS | 03/20/08--01003--004 **150.00 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | \$73/10 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Date 02-22-08 | | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

FILED
08 MAR -7 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

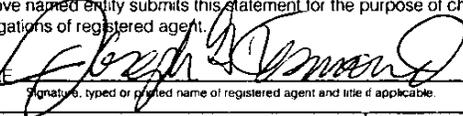


01102008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

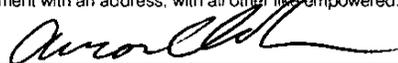
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **JOSEPH G. TESMOND**
 Street Address (P.O. Box Number is Not Acceptable) **3300 BLUE LAGOON DR**
SUITE 125
 City **MIAMI** FL **33126**

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  DATE **2/22/08**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| | |
|----------------------------|---|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | TITLE |
| NAME | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
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| TITLE | TITLE |
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| CITY-ST-ZIP | CITY-ST-ZIP |

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 SIGNATURE:  Date **02-22-08**