## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000067339

DELTONA, FL 32725

City-St-Zip:

Entity Name: DBK CONSTRUCTION GROUP, INC.

FILED May 16, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:		
	LORRAINE DR. A, FL 32725	766 DELTONA BLVD DELTONA, FL 32725			
Current Mailing Address:		New Mailing Address	New Mailing Address:		
	LORRAINE DR. A, FL 32725				
FEI Number	: FEI Number Applied For (	X) FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	I Address of Current Registered Age	nt: Name and Address o	f New Registered Agent:		
680 WÉST	ANIELLE R 「LORRAINE DR. A, FL 32725 US				
	named entity submits this statement fo e of Florida.	r the purpose of changing its registered	d office or registered agent, or both,		
SIGNATU	RE:				
	Electronic Signature of Registere	ed Agent	Date		
	ice with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (	•			
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () Delete KRUID, DANIELLE R 680 WEST LORRAINE DR. DELTONA, FL 32725	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () Delete KRUID, DAMON B 680 WEST LORRAINE DR. DELTONA, FL 32725	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () Delete KRUID, DANIELLE R 680 WEST LORRAINE DE. DELTONA, FL 32725	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition		
Title: Name: Address:	S ( ) Delete KRUID, DAMON B 680 WEST LORRAINE DR.	Title: Name: Address:	( ) Change ( ) Addition		

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.

City-St-Zip:

SIGNATURE: DAMON KRUID	VP	05/16/2008
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