2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067339

Entity Name: DBK CONSTRUCTION GROUP, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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766 DELTONA BLVD DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

680 WEST LORRAINE DR. 766 DELTONA BLVD DELTONA, FL 32725 DELTONA, FL 32725

FEI Number: 26-3451020 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:

KRUID, DANIELLE R
680 WEST LORRAINE DR.
680 WEST LORRAINE DR.
DELTONA, FL 32725 US
KRUID, DAMON B
680 WEST LORRAINE DR.
DELTONA, FL 32725 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: DAMON KRUID 01/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: OFC (X) Change () Addition
Name: KRUID, DANIELLE R
Address: 680 WEST LORRAINE DR.

Title: OFC (X) Change () Addition
Name: KRUID, DANIELLE R
Address: 680 WEST LORRAINE DR.

Address: 680 WEST LORRAINE DR. Address: 680 WEST LORRAINE DR. City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

Title: VP () Delete Title: OFC (X) Change () Addition Name: KRUID, DAMON B Name: KRUID, DAMON B

Address: 680 WEST LORRAINE DR. Address: 680 WEST LORRAINE DR. City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

Title: T () Delete Title: () Change () Addition

 Name:
 KRUID, DANIELLE R
 Name:

 Address:
 680 WEST LORRAINE DE.
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 KRUID, DAMON B
 Name:

 Address:
 680 WEST LORRAINE DR.
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

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.

SIGNATURE: DAMON KRUID OFC 01/27/2009