


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 035 ***158.75

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| DOCUMENT # P07000074472 |  |
| 1. Entity Name DR N DM, CORP | |

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| Principal Place of Business 1440 NE 177TH STREET NORTH MIAMI BEACH, FL 33162 US | Mailing Address 1440 NE 177TH STREET NORTH MIAMI BEACH, FL 33162 US |
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| 2. Principal Place of Business - No P.O. Box # 5773 Five FLAGS BLVD Suite, Apt. #, etc. APT # 1270 City & State Orlando, FL Zip 32822 Country USA | 3. Mailing Address 5773 Five FLAGS BLVD Suite, Apt. #, etc. APT # 1270 City & State Orlando, FL Zip 32822 Country USA |
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04292008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 26-0419567 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROLON, DIANA M 1440 NE 177 STREET NORTH MIAMI BEACH, FL 33162 |
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| 7. Name and Address of New Registered Agent Name Diana M. Rolon Street Address (P.O. Box Number is Not Acceptable) 5773 Five FLAGS BLVD APT # 1270 City Orlando FL Zip Code 32822 |
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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: Diana M Rolon DATE: 4/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP | P ROLON, DIANA M 1440 NE 177 STREET NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Diana M. Rolon 5773 Five FLAGS BLVD APT # 1270 Orlando - FL - 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP David K. Myers 5773 Five FLAGS BLVD APT # 1270 Orlando, FL - 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Diana M Rolon DATE: 4/26/08 (407) 704-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR