

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90032 015 \*\*\*150.00

**DOCUMENT # P07000101266**

1. Entity Name  
 DKBA MANAGEMENT, INC.



Principal Place of Business  
 900 W LINTON BLVD SUITE 202  
 DELRAY BEACH, FL 33444

Mailing Address  
 900 W LINTON BLVD SUITE 202  
 DELRAY BEACH, FL 33444

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
 KOPPEN, R. DANIEL  
 900 W LINTON BLVD SUITE 202  
 DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PSTD KOPPEN, R. DANIEL 900 W LINTON BLVD SUITE 202 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *R. Daniel Koppen* 4-4-08 561-279-9872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

90063016



02102008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3253031 Applied For Not Applicable

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