2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P07000106730 1. Entity Name DDSCS, INC.							90107 015 ***1	
Principal Place	e of Business	Mailing Address			- 4			
2205 HAMPSTEAD CT.		P. O. DRAWER 60205						
LEHIGH ACRES, FL 33973		FT. MYERS, FL 33906						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. # #td. DJOHN M. WICKER,P.A.		01182008	Chg-P	CR2E034 (12/0	96)	
City & State		City & State P.O. DRAWER 60205 FORT MYERS,FL 33906		4. FEI Number	113420	2/2	Applied For Not Applicable	
Zip	Country			у	5. Certificate of			Additional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R		
			1	Name				I Lu-Li
WICKER, JOHN M ESQ. 12670 NEW BRITTANY BLVD., SUITE 101			Street Add		P O. Box Number	is Not Acceptable	2)	
FT. MYER	S, FL 33907							
			-	City			FL Zip C	Code
8. The above	named entity submits this rate hent to	the purpose of changing its	s registered	d office or register	red agent, or both,	in the State of Flo		ith, and accept
the obligat	tions of registered graft	2		·				
SIGNATURE_	/ Capación							
	Rignature, typed or pay had name of requirered agent	no rite dispriidable. (NO)	TE Registered	Арин аргача насины	t wrien reinstatmy)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con	**	" — +-	.00 May Be led to Fees			
	ay 1, 2008 Fee will be \$550.(OFFICERS AND	Trust Fund Con	**	" — +-	led to Fees	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND PD	Trust Fund Con	tribution.	" — +-	led to Fees	HANGES TO OFF	ICERS AND DIRECT	
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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 of 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 pike empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 239.303.7608