2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021248

Entity Name: DDP HOLDINGS, INC.

Name:

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6322 US HWY 301 SOUTH 441 APOLLO BEACH BLVD RIVERVIEW, FL 33569 APOLLO BEACH, FL 33572 **Current Mailing Address: New Mailing Address:** 6322 US HWY 301 SOUTH PO BOX 429 RIVERVIEW, FL 33569 RIVERVIEW, FL 33568 FEI Number: 41-2087195 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: CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LONG, SCOTT LONG, SCOTT Name: Name: 6322 US HWY 301 SOUTH 5001 W. LEMON ST Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33609 Title: Title: () Delete (X) Change () Addition Name: MCGRUDER, SHAUN Name: MCGRUDER, SHAUN 6322 US HWY 301 SOUTH 505 S. FLAGLER DRSUITE 1400 Address: Address: RIVERVIEW, FL 33569 WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition SUNDERLAND, C. MICHAEL SUNDERLAND, C. MICHAEL Name: Name: 6322 US HWY 301 SOUTH PO BOX 429 Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33568 Title: () Delete Title: **TREA** () Change (X) 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.

Name:

Address:

City-St-Zip:

MIKE, PREVATT

RIVERVIEW, FL 33568

PO BOX 429

SIGNATURE: MIKE PREVATT TREA 04/22/2009