

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000061328

FILED  
Feb 13, 2012  
Secretary of State

Entity Name: DMD SYSTEMS INC.

**Current Principal Place of Business:**

1432 ST. JOHNS BLUFF  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1432 ST. JOHNS BLUFF  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 45-2632688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSENBERGER, C DARYL  
1432 ST. JOHNS BLUFF  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSENBERGER, C DARYL  
Address: 1432 ST. JOHNS BLUFF  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: ROSENBERGER, MARSHAL  
Address: 1432 ST. JOHNS BLUFF  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: ROSENBERGER, ANDREW  
Address: 1432 ST. JOHNS BLUFF  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: BARBER, DUSTIN  
Address: 1432 ST. JOHNS BLUFF  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: DARYL ROSENBERGER

P

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date