

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90016 047 \*\*\*150.00

<b>DOCUMENT # P92000009266</b> 1. Entity Name <b>D.M. ROSS INC.</b>			
Principal Place of Business <b>7700 VILLA D'ESTE WAY DELRAY BEACH, FL 33446 US</b>		Mailing Address <b>7700 VILLA D'ESTE WAY DELRAY BEACH, FL 33446 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6111 BROKEN SOUND PARKWAY NW SUITE 340 BOCA RATON, FL 33487 USA</b>		3. Mailing Address <b>6111 BROKEN SOUND PARKWAY NW SUITE 340 BOCA RATON, FL 33487 USA</b>	
4. FEI Number <b>65-0374601</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>ROSS DANIEL M. 7700 VILLA D'ESTE WAY DELRAY BEACH, FL 33446</b>		7. Name and Address of New Registered Agent Name <b>ROSS, DANIEL M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6111 BROKEN SOUND PARKWAY NW SUITE 340 BOCA RATON FL 33487</b>	
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 <u><i>Daniel M. Ross</i></u> DATE <u>1/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD <input checked="" type="checkbox"/> Delete NAME ROSS, DANIEL M STREET ADDRESS 7700 VILLA D'ESTE WAY CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROSS, DANIEL M STREET ADDRESS 550 SEMINOLE BLVD, APT. B-307 CITY-ST-ZIP BOCA RATON, FL 33432		
TITLE STD <input type="checkbox"/> Delete NAME ROSS, NORMA STREET ADDRESS 7700 VILLA D'ESTE WAY CITY-ST-ZIP DELRAY BEACH, FL 33446	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Daniel M. Ross</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/18/08</u> Daytime Phone # <u>Cell- 914-319-5115 561-988-7005</u>	

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