2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# P93000019115

Entity Name: D.D.M.D., INC.

Current Principal Place of Business:

2144 HARLOW
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2144 HARLOW
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-3182061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIPRIANI, DAN
2144 HARLOW
PORT ST. LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: CIPRIANI, DANIEL
Address: 2144 S.E. HARLOW
City-St-Zip: PORT ST. LUCIE, FL

Title: SVP ( ) Delete
Name: CIPRIANI, MELINDA
Address: 550 COMET TERR
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DANIEL CIPRIANI PRES 04/16/2006

Electronic Signature of Signing Officer or Director Date