


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000065031	
1. Entity Name DDH, INC.	

Principal Place of Business 5387 NO SOCRUM LOOP RD LAKELAND, FL 33809 US	Mailing Address 5387 NO SOCRUM LOOP RD LAKELAND, FL 33809 US
---	---

DO NOT WRITE IN THIS SPACE

% F 5 / , , , , 2 1 , / - F &

04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3201167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DUNN, DIANE V
5387 NO SOCRUM LOOP RD
LAKELAND, FL 33809

**DO NOT WRITE
IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
---	---	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000324883 04/22/05-80112-012 150.00
--	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUNN, DIANE V 5387 NO SOCRUM LOOP RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHERTY, CHERYL 5387 NO SOCRUM LOOP RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUGHERTY, CHERYL 5387 NO SOCRUM LOOP RD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Diane V. Dunn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-20-05 863-859-9332 <small>Date Daytime Phone #</small>
---	---