2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P93000066047 DD-NACKK ENTERPRISES, INC. Principal Place of Business Mailing Address 10 COMPASS ROAD 10 COMPASS ROAD FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0446679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LYONNAIS, DEBRA A DO NOT WRITE 10 COMPASS ROAD FORT LAUDERDALE, FL 33308 IN THIS SPACE \$. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LYONNAIS, DEBRA ANN STREET ADDRESS 10 COMPASS ROAD CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TILE NAME STREET ADDRESS CITY-ST-ZIP 1000000540969 05/10/06-80039-009 150.nn TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #