


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000054134

1. Entity Name
DOUGLAS HOLDINGS, INC.



Principal Place of Business
260 CRANDON BLVD.
SUITE 26
KEY BISCAVAYNE, FL 33149

Mailing Address
260 CRANDON BLVD.
SUITE 26
KEY BISCAVAYNE, FL 33149



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0512037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDOBA, MARIA C.
260 CRANDON BLVD SUITE 26
KEY BISCAVAYNE, FL 33149

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000427077

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDOBA, ALFONSO 260 CRANDON BLVD., #26 KEY BISCAVAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOOD, MARIA C 260 CRANDON BLVD., #26 KEY BISCAVAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOOD, SIDNEY S 260 CRANDON BLVD SUITE 26 KEY BISCAVAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CORDOBA, CECILIA 260 CRANDON BLVD SUITE 26 KEY BISCAVAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/20/06-80069-013 158.75

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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: Maria C. Good, VPS 02/01/2006 (305) 361-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #