2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069414

1. Entity Name
DWV REAL PROPERTY, INC.

Principal Place of Business	Mailing Address
2500 NORTH FEDERAL HIGHWAY SUITE 201 FT LAUDERDALE, FL 33305 US	2500 NORTH FEDERAL HIGHWAY SUITE 201 FT LAUDERDALE, FL 33305 US

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0525655

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DWV INVESTMENTS INC
2500 NORTH FEDERAL HIGHWAY
SUITE 201
FT LAUDERDALE, FL 33305

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIRKSEN, VOLKMAR
STREET ADDRESS	2500 N FEDERAL HSY STE 201
CITY-ST-ZIP	FT LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08--80061-011 150.00

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: _____ Pres, Volkmar Dirkson 1/25/08 954-561-9900

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