2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 08:00 AM DOCUMENT # P95000066555 **Secretary of State** 1. Entity Name DMH ELECTROLYSIS, INCORPORATED Principal Place of Business Mailing Address 909 CENTRAL PARKWAY 909 CENTRAL PARKWAY STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0609961 Not Applicat Country Zia Zip \$8.75 Additional COUDIN 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORVATH, DENISE M 909 CENTRAL PARKWAY Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 tensialing) FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Foo Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change BILE Defete TITLE H00000464684 NAME NAME HORVATH, DENISE M 03/21/06-30101-012 150.00 STREET ADDRESS STREET ADDRESS 502 S. RIVERPOINT DR. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 um ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP $\square M$ Delete HILL TRICE NAME NAME STREET ADDRESS STREET AUDRESS DITY-ST-7/P CITY-ST-ZIP □ 66 ☐ Detete Change Ch MILE NAME MAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZW CITY-ST-7IP ☐ Change ☐ Delete TITLE (T) TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2IP CITY-ST-ZiP ☐ Change Delete TITLE liiLi NAME STREET ADDRESS STREEL I ADDRESS CITY-SI-782 DITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 dire of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

lavin porrate Denise Horvath

3-10-06

283-8188

FILED