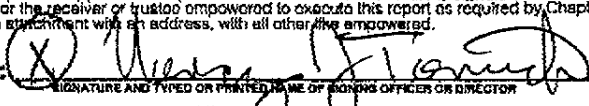


FROM : QTA

FAX NO. : 9547820546

Mar. 27 2:11 PM P2

FILED
Apr 22, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000013982		
1. Entity Name DKN LIMITED, INC.		
Principal Place of Business 191 HAMPTON CIR JUPITER, FL 33458 US		Mailing Address 191 HAMPTON CIR JUPITER, FL 33458 US
DO NOT WRITE IN THIS SPACE		
		03272004 No Chg-P CR2E034 (10/03)
4. FBI Number 65-0658258		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TOMICH, NANCY J 191 HAMPTON CIRCLE JUPITER, FL 33458		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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____		
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000123934 04/22/04-80023-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMICH, NANCY J 191 HAMPTON CIRCLE JUPITER, FL 33458	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 file empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF OFFICERS OR DIRECTOR		