

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024516

Entity Name: D-MARK COMMUNICATIONS, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

21202 OLEAN BLVD
A-4
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495362
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-0652490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARKEY, MARK P
5511 LINDA DRIVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: STARKEY, MARK P
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: V () Delete
Name: STARKEY, LAURIE A
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: BOGGESE, STEVEN M
Address: P.O. BOX 495295
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: STARKEY, MARK P
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: VPS (X) Change () Addition
Name: STARKEY, LAURIE A
Address: 5511 LINDA DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change () Addition
Name: BOGGESE, STEVEN M
Address: 2310 CHILCOTE TERR
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE STARKEY

VP

03/20/2007

Electronic Signature of Signing Officer or Director

Date