

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 020 \*\*\*150.00

**DOCUMENT # P96000068621**

1. Entity Name  
**DNC HOLDING COMPANY, INC.**



Principal Place of Business      Mailing Address

5201 BLUE LAGOON DR      5201 BLUE LAGOON DR  
 STE 560      STE 560  
 MIAMI, FL 33126      MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**777 BRICKELL AVE**      **777 BRICKELL AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 900**      **SUITE 900**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33131**      **AAAE**      **33131**      **AAAE**

90063000



02132008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0687115**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

**6. Name and Address of Current Registered Agent**

**CARSON, DENNIS L**  
 5201 BLUE LAGOON DR  
 STE 560  
 MIAMI, FL 33126

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**777 BRICKELL AVE SUITE 900**

City, **MIAMI**      **FL**      Zip Code **33131**

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 reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME CARSON, DENNIS L	TITLE D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME CARSON, DENNIS L
STREET ADDRESS 5201 BLUE LAGOON DRIVE STE 560	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS 777 BRICKELL AVE SUITE 900	CITY-ST-ZIP MIAMI, FL 33131
TITLE Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:** Dennis Carson President      Date: 2/19/08      Daytime Phone #: 305-428-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR