

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073482

FILED
Jan 11, 2008
Secretary of State

Entity Name: DISABLED DEALER ENTERPRISES INC.

Current Principal Place of Business:

426 ISLAND CAY WY
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

426 ISLAND CAY WY
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 59-3400019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STELLA
426 ISLAND CAY WY
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

SMITH, STELLA M VP
426 ISLAND CAY WY
APOLLO BEACH, FL 33572 US

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: STELLA M. SMITH

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'RIORDAN, OLIVER
Address: 769 KINGSTON CT
City-St-Zip: APOLLO BEACH, FL 33572

Title: ST () Delete
Name: SMITH, ROBERT
Address: 426 ISLAND CAY WY
City-St-Zip: APOLLO BEACH, FL 33572

Title: EPV () Delete
Name: SMITH, STELLA
Address: 426 ISLAND CAY WY
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'RIORDAN, OLIVER J
Address: 769 KINGSTON CT
City-St-Zip: APOLLO BEACH, FL 33572

Title: ST (X) Change () Addition
Name: SMITH, ROBERT J
Address: 426 ISLAND CAY WY
City-St-Zip: APOLLO BEACH, FL 33572

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STELLA M. SMITH

VP

01/11/2008

Electronic Signature of Signing Officer or Director

Date