## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # P96000081712  1. Entity Name DISCOUNT DOLLAR STORE, INC.						01-29-2007 9	0082 010	) ***150	.00
**	e of Business H MILITARY TR BEACH, FL 33415 US	Mailing Address 952 B S MILITARY TR WEST PALM BEACH, F		ÜS	4 (88)(83) (18 18	145 BINI B <b>R</b> IN BBIN BBIN		1889    B   H	11881 II 1 <b>48</b> 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 65-06993	261		<u> </u>	oplied For
Zip	Country Zip Cor		Count	ry	5. Certificate of	-		8.75 Add	titional
	6. Name and Address of Curre	nt Registered Agent	<del> </del>		7. Name and A	ddress of New Re		<u> </u>	
HDDIN M		<u>, , , , , , , , , , , , , , , , , , , </u>		Name				×	
UDDIN, MOHAMMED A 952 B. S. MILITARY TRAIL WEST PALM BEACH, FL 33415				Street Address (P.O. Box Number is Not Acceptable)					
11201174			}	City				Zip Code	
				City			FL	Zip Cou	6
	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registere	ed office or register	red agent, or both,	in the State of Flo	rida. I am la	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE Registered	Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Camp	aign Finan	cing \$5	.00 May Be				
After Ma	ay 1, 2007 Fee will be \$55	0.00 Trust Fund Cor		☐ Add	led to Fees				
After Ma	ay 1, 2007 Fee will be \$55	0.00 Trust Fund Cor		Add	led to Fees	HANGES TÓ OFFI	CERS AND	DIRECTORS	S IN 11
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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:

Mc S. Aleen

MANAGER

81-25-67

551-686-0053

Date /

Daytime Phone #