


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90654 031 \*\*\*150.00

<b>DOCUMENT # P96000093968</b>	
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<b>1. Entity Name</b> DM WORLDWIDE, INC.	<b>Principal Place of Business</b> 1920 W BAY DR STE 5 LARGO, FL 33770 US	<b>Mailing Address</b> 1920 W BAY DR STE 5 LARGO, FL 33770 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



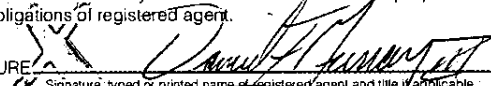
04232004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3412214	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
SMITH, SMITTY 3802 EHRLICH RD., STE. 210 TAMPA, FL 33624

<b>7. Name and Address of New Registered Agent</b>
Name <b>DANIEL F. MURRAY, III</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1920 W BAY DRIVE</b>
<b>SUITE 5</b>
City <b>LARGO</b> FL Zip Code <b>33770</b>

**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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/28/04**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MURRAY, DANIEL F III
STREET ADDRESS	807 ALLAMANDA DR.
CITY-ST-ZIP	HARBOR BLUFFS, FL 33770
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, HARRY
STREET ADDRESS	AVENUE ARTERIAL HOSTAS #201, APT 802
CITY-ST-ZIP	SAN JUAN, PR 009181804
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:**  DATE **4/28/04** DAYTIME PHONE # **(727) 584-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR