2004 FOR PROFIT CORPORATION

FILED Feb 17, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P97000027782 1. Entity Name DK EQUITIES, INC. Principal Place of Business Mailing Address 27015 DRIFTWOOD DR. 27015 DRIFTWOOD DR. BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 02102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3437859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KURZ, DAN DO NOT WRITE 27051 DRIFTWOOD DR. BONITA SPRINGS, FL 34135 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE KURZ, DAN NAME STREET ADDRESS 27051 DRIFTWOOD DR. CITY-ST-ZIP BONITA SPRINGS, FL 34135 U00000054996 02/17/04-80019-001 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> an CER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME SIGMANS DE