
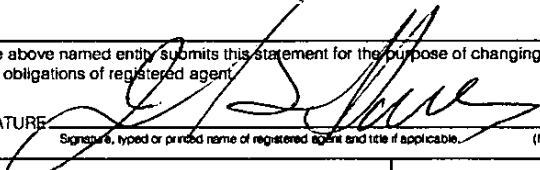
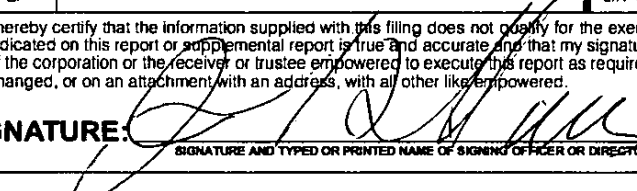


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90186 043 ***150.00

DOCUMENT # P97000043509 1. Entity Name DOT (GD), INC.																																			
Principal Place of Business 2960 COREY ROADBLVD MALABAR, FL 32950 US		Mailing Address 2960 COREY ROAD MALABAR, FL 32950 US																																	
2. Principal Place of Business 801 SOUTH FEDERAL HWY 1018 Suite, Apt. #, etc. 1018		3. Mailing Address 801 SOUTH FEDERAL HWY 1018 Suite, Apt. #, etc. 1018																																	
City & State POMPANO FL Zip 33062 Country USA		City & State POMPANO FL Zip 33062 Country USA																																	
4. FEI Number 59-3503077		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent HARRIS, JOHN D 2960 COREY ROAD MALABAR, FL 32950		7. Name and Address of New Registered Agent Name HARRIS JOHN D. Street Address (P.O. Box Number is Not Acceptable) 801 SOUTH FEDERAL HWY 1018 City POMPANO FL Zip Code 33062																																	
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 1/4/2006 <small>(NOTE: Registered Agent signature required when resetting)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DPST HARRIS, JOHN D 2960 COREY ROAD MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARRIS, JOHN D 2960 COREY ROAD MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DPST HARRIS JOHN D 801 SOUTH FEDERAL HWY 1018 POMPANO, FL, 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARRIS JOHN D 801 SOUTH FEDERAL HWY 1018 POMPANO, FL, 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  DATE 1/4/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

305 767 4737