

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 25, 2009
Secretary of State**

DOCUMENT# P97000055990

Entity Name: DM MCDERMOTT & ASSOCIATES, INC.

Current Principal Place of Business:

1844 N. NOB HILL ROAD
SUITE 151
PLANTATION, FL 33322

New Principal Place of Business:

1844 N. NOB HILL ROAD
PMB 151
PLANTATION, FL 33322

Current Mailing Address:

2500 E. HALLANDALE BEACH BLVD.
SUITE X
HALLANDALE BEACH, FL 33009

New Mailing Address:

PO BOX 85021
HALLANDALE BEACH, FL 33008

FEI Number: 65-0763976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORSHEFSKY, DEBBIE M
20TH FLOOR
401 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MCDERMOTT, DINA M
Address: 1844 N. NOB HILL RD., STE. 151
City-St-Zip: PLANTATION, FL 33322 US

Title: VP () Delete
Name: MCDERMOTT, MICHAEL W
Address: 1844 N. NOB HILL ROAD, SUITE 151
City-St-Zip: PLANTATION, FL 33322 US

Title: SECT () Delete
Name: AMOROSA, JOAN L
Address: 1844 N. NOB HILL ROAD, SUITE 151
City-St-Zip: PLANTATION, FL 33322 US

Title: VP (X) Delete
Name: EMMONS, MARIA
Address: 480 BELLIS ROAD
City-St-Zip: BLOOMSBURY, NJ 08804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARIA, EMMONS
Address: 480 BELLIS ROAD
City-St-Zip: BLOOMSBURY, NJ 08804 NJ

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

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: DINA MCDERMOTT

CEO

08/25/2009

Electronic Signature of Signing Officer or Director

_____ Date