


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90218 017 ***150.00

DOCUMENT # P98000024299	
1. Entity Name DMK DISTRIBUTING, INC.	

Principal Place of Business 11587 OVERSEAS HIGHWAY MARATHON SHORES, FL 33050	Mailing Address P O BOX 522815 MARATHON SHORES, FL 33052
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2. Principal Place of Business 3626 Blue Lagoon St Suite, Apt. #, etc.	3. Mailing Address 3626 Blue Lagoon St. Suite, Apt. #, etc.
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City & State Big Pine Key FL.	City & State Big Pine Key FL
Zip 33043	Zip 33043
Country Monroe	Country Monroe



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0821381	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAUFMAN, DAVID M 9200 SOUTH DADELAND BLVD, SUITE 412 11587 OVERSEAS HWY MARATHON, FL 33050	
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7. Name and Address of New Registered Agent Name Kaufman David m Street Address (P.O. Box Number is Not Acceptable) 3626 Blue Lagoon St City Big Pine Key FL Zip Code 33043	
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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.

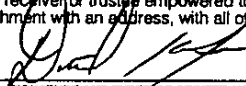
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFMAN, DAVID P.O. BOX 522815 MARATHON SHORES, FL 33050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaufman David m <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3626 Blue Lagoon St Big Pine Key FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DAVID M. Kaufmann	Date 4/25/06	Daytime Phone # 305-942-9480 Cell
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		