


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 007 ***150.00

DOCUMENT # P98000056564					
1. Entity Name D N F GROUP, INC.					
Principal Place of Business 22170 SANDS POINTE DRIVE BOCA RATON FL 33433			Mailing Address 22170 SANDS POINTE DRIVE BOCA RATON FL 33433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0845555	
				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 DEFINI, CATHERINE A 22170 SANDS PT DR BOCA RATON FL 33433			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FINI, CATHERINE A		NAME		
STREET ADDRESS	22170 SANDS POINTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORY, DENISE A		NAME		
STREET ADDRESS	22170 SANDS PT. DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFINI, BRIGETTE T		NAME	DEFINI, CATHERINE A	
STREET ADDRESS	22170 SANDS PT. DR.		STREET ADDRESS	22170 SANDS PT DR.	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFINI, CATHY M		NAME		
STREET ADDRESS	22170 SANDS PT. DR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE A. DEFINI		NAME		
STREET ADDRESS	22170 SANDS PT DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Catherine A. Defini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/13/06*

Daytime Phone #