


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90056 025 \*\*\*150.00

<b>DOCUMENT # P98000076340</b>	
1. Entity Name DMS INSURANCE GROUP, INC.	

Principal Place of Business 6201 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024	Mailing Address 6201 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024
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40029402



2. Principal Place of Business - No P.O. Box # 6041 Johnson St Suite, Apt. #, etc.	3. Mailing Address 6041 Johnson St Suite, Apt. #, etc.
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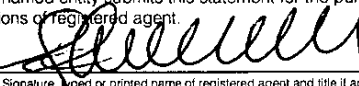
03012007 Chg-P CR2E034 (12/06)

City & State Hollywood Florida	City & State Hollywood Florida
Zip 33024	Country USA
Zip 33024	Country USA

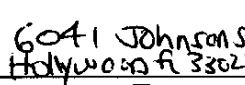
4. FEI Number 65-0860961	Applied For Not Applicable
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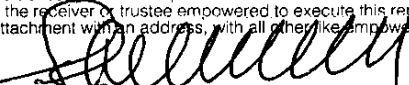
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DISLA, KHAIR K 6201 HOLLYWOOD BLVD. HOLLYWOOD, FL 33024	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6041 JOHNSON STREET City Hollywood FL Zip Code 33024	

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: 2/28/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DISLA, KHAIR K PRESIDE 6201 HOLLYWOOD BLVD HOLLYWOOD, FL 33024 	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 	DATE: 2/28/07 754 989-5900

754 989-5900