


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000077128</b> 1. Entity Name DHB INTERNATIONAL, INC.	
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Principal Place of Business 1611 N PALM DR AVON PARK, FL 33825	Mailing Address 1611 NORTH PALM DR AVON PARK, FL 33825 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3535359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAREFIELD, JANICE F 1611 NORTH PALM DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, STEPHEN 143 US 98 LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, SHARLA 143 US 98 LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, SABRINA 1985 W Tanager RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000675734 03/30/07-80030-023 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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:** Janice F. Barefield 3-20-07 863-452-1281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Janice F. Barefield