

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90088 022 ***150.00

DOCUMENT # P98000103304					
1. Entity Name DBG MANAGEMENT CORPORATION					
Principal Place of Business 4815 E BUSH BLVD SUITE 208 TAMPA, FL 33617			Mailing Address 4815 E BUSH BLVD SUITE 208 TAMPA, FL 33617		
2. Principal Place of Business - No P.O. Box # 14502 N. DALE MABRY Suite, Apt. #, etc. Suite 200		3. Mailing Address 14502 N. DALE MABRY Suite, Apt. #, etc. Suite 200			
City & State TAMPA, FL		City & State TAMPA FL		4. FEI Number 59-3546130	
Zip 33618		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, DAVID 4815 BUSH BLVD SUITE 208 TAMPA, FL 33617			7. Name and Address of New Registered Agent Name: GORDON, DAVID Street Address (P.O. Box Number is Not Acceptable): 14502 N. DALE MABRY Suite 200 City: TAMPA FL Zip Code: 33618		
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: 1/27/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME GORDON, DAVID STREET ADDRESS 4815 E BUSH BLVD., STE. 208 CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE P NAME GORDON, DAVID STREET ADDRESS 14502 N. DALE MABRY - Suite 200 CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TS NAME STARFORD, LILAN STREET ADDRESS 5211 JOSEPH CLOSE CITY-ST-ZIP PLANT CITY, FL 335653174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<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: _____ 1/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					