


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000103433</b> 1. Entity Name <b>DAVID DUVAL ENTERPRISES, INC.</b>	
--	---

Principal Place of Business <b>IMG CENTER, STE. 100, 1360 E. 9TH ST. SUITE 100 CLEVELAND, OH 44114-1782</b>	Mailing Address <b>IMG CENTER, STE. 100, 1360 E. 9TH ST. SUITE 100 CLEVELAND, OH 44114-1782</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



07022004 No Chg-P CR2E034 (10/03)

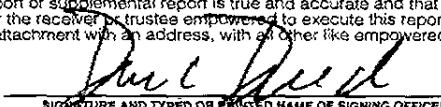
4. FEI Number <b>58-2443372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>
--

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 _____
--	------------

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTS DUVAL, DAVID 24649 HARBOR VIEW DR PONTE VEDRA BEACH, FL 32082</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS CARFAGNA, PETER 1MG CTR #100 1360 E 9TH ST CLEVELAND, OH 44114</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>7-1-04</b> <small>Daytime Phone #</small>

**DO NOT WRITE  
IN THIS SPACE**

1100000165931  
07/13/04-80002-005 550.00

**DO NOT WRITE  
IN THIS SPACE**