2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022621

Entity Name: DMD MANAGEMENT CO.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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119 LEPORT DRIVE PENSACOLA, FL 32561

Current Mailing Address: New Mailing Address:

119 LEPORT DRIVE 6601 N DAVIS HWY PENSACOLA, FL 32561 SUITE 8

PENSACOLA, FL 32504

FEI Number: 59-3562913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARRUGIA, VINCENT J
3701 ANDREW JACKSON DRIVE
PACE, FL 32571 US

FARRUGIA, VINCENT J
2495 BELLE CHRISITIANE
PENSACOLA, FL 32503 US

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.

SIGNATURE: VINCE FARRUGIA 01/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: () Change () Addition

 Name:
 LAMBERT, CAROL
 Name:

 Address:
 1633 KINSAGLE DR
 Address:

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:

 Name:
 FARRUGIA, ALAN
 Name:
 FARRUGIA, ALAN

 Address:
 119 APRT DRIVE
 Address:
 2495 BELLE CHRISTIANE

 City-St-Zip:
 PENSACOLA BEACH, FL 32561
 City-St-Zip:
 PENSACOLA, FL 32503

Title: S () Delete Title: S (X) Change () Addition

Name: FARRUGIA, VÍNCE Name: FARRUGIA, VÍNCE
Address: 33701 ANDREW JACKSON DR Address: 2495 BELLE CHRISTIANE
City-St-Zip: PACE, FL 32571 City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCE FARRUGIA MM 01/19/2006