


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**


04-19-2004 90296 047 \*\*\*150.00

<b>DOCUMENT # P99000103574</b>	
1. Entity Name <b>DDA SERVICES, INC.</b>	

Principal Place of Business <b>2099 N. STATE ROAD 7 MARGATE FL 33063</b>	Mailing Address <b>2099 N. STATE ROAD 7 MARGATE FL 33063</b>
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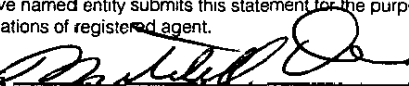
2. Principal Place of Business <b>2099 N STATE RD 7</b>	3. Mailing Address <b>same 2099 N State Rd 7</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MARGATE FL 33063</b>	City & State <b>MARGATE FL 33063</b>
Zip <b>33063</b>	Country <b>FLORIDA</b>
City & State <b>MARGATE FL 33063</b>	City & State <b>MARGATE FL 33063</b>
Zip <b>33063</b>	Country <b>FLORIDA</b>

	
MOORE CR2E034 (11/03)	
4. FEI Number <b>65-0964727</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>DINNERMAN, MITCHELL 2099 N. STATE ROAD 7 MARGATE FL 33063</b>	
7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:	

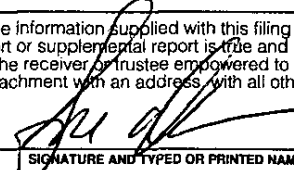
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DINNERMAN, MITCHELL 2099 N. STATE ROAD 7 MARGATE FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DINNERMAN MITCHELL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>711 Shore Dr</b> <b>BONITA BEACH, FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ABBREZZESE, FRANK 820 SW 49TH TERRACE MARGATE FL 33068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ABBREZZESE FRANK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5421 NW 60 DRIVE</b> <b>CORAL SPRINGS FL 33067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DINNERMAN, MARV 2717 NE 11TH STREET POMPANO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARV DINNERMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7428 LAURELS PL</b> <b>PORT ST LUCIE 34986</b>
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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/15/04** Daytime Phone #: **954971-0283**