


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # S34826</b>		
1. Entity Name DCM MANAGEMENT CORPORATION		
Principal Place of Business 4475 LEGENDARY DRIVE DESTIN, FL 32541	Mailing Address 4475 LEGENDARY DRIVE DESTIN, FL 32541	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MATTHEWS, DANA C. 4475 LEGENDARY DRIVE DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</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 reinstalling)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MATHEWS, DANA C.	
STREET ADDRESS	4475 LEGENDARY DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	
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 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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3055918 ☐ Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000408539  
02/08/06-80064-013 150.00

**DO NOT WRITE  
IN THIS SPACE**