


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S39027</b> 1. Entity Name DG AND COMPANIES, INC.	
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Principal Place of Business 3442 WESTFORD DR APOPKA, FL 32712 US	Mailing Address 3442 WESTFORD DR APOPKA, FL 32712 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0248201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GOODMAN, KERRY 3442 WESTFORD DR APOPKA, FL 32712
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOORE, JOHN 547 MOONRAKER APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAZO, SALVADOR 905 ROANOKE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOPEZ, FELIPE 338 EAST MAPLE ST WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOODMAN, KERRY 3442 WESTFORD DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000259006 03/11/05-80007-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

SIGNATURE: Kerry Goodman 3-8-05 (407) 948-3228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #