

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # S46116

1. Entity Name
D.K.W. INVESTMENTS, INC.



Principal Place of Business
**974 GRAND AVENUE WEST
CHATHAM ONTARIO CANADA
N7L 5H6,**

Mailing Address
**974 GRAND AVENUE WEST
CHATHAM ONTARIO CANADA
N7L 5H6,**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0290031** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JUDAH, VIRGIL A
12811 KENWOOD LANE
209
FORT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DEMORE, DON
STREET ADDRESS	974 GRAND AVENUE WEST
CITY-ST-ZIP	CHATHAM ONTARIO CANADA, n7l 5h6
TITLE	P
NAME	DEMORE, ALICE
STREET ADDRESS	974 GRAND AVENUE WEST
CITY-ST-ZIP	CHATHAM ONTARIO CANADA, n7l 5h6
TITLE	D
NAME	DEMORE, MARK J.
STREET ADDRESS	974 GRAND AVENUE WEST
CITY-ST-ZIP	CHATHAM ONTARIO CANADA, n7l 5h6
TITLE	D
NAME	DEMORE, MICHAEL R.
STREET ADDRESS	974 GRAND AVENUE WEST
CITY-ST-ZIP	CHATHAM ONTARIO CANADA, n7l 5h6
TITLE	D
NAME	LUSSIER, MICHELLE
STREET ADDRESS	48 CARNEY PLACE
CITY-ST-ZIP	CHATHAM ONTARIO CANADA, n7l 5j2
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000565313
05/30/06-80004-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Don Demore and Demore May 19, 2006 239 25-345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #