


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V01351</b> 1. Entity Name DKT TERUZZI CORP.	
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Principal Place of Business 7659 HEATHFIELD COURT C/O MARNA DENTON UNIVERSITY PARK, FL 34201 US	Mailing Address 7659 HEATHFIELD COURT C/O MARNA DENTON UNIVERSITY PARK, FL 34201 US
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02042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0306126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
ARLEN, ROBERT M.  
1501 CORPORATE DR.  
SUITE 200  
BOYNTON BEACH, FL 33426

**DO NOT WRITE  
IN THIS SPACE**

6. 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)  
Signature, typed or printed name of registered agent and file if applicable. 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DENTON, MARNA 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENTON, GEORGE 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACMILLAN, KIMBERLY 129 E 82ND STREET #5A NEW YORK, NY 100280836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARLEN, ROBERT M 1501 CORPORATE DRIVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000469308  
03/25/06-80022-025 150.00

**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:** Marna Denton Pres. 3/14/06 (941) 351-3702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #