2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005817

Address:

City-St-Zip:

804 MOUNTAIN AVENUE

WESTFIELD, NJ 07090

Entity Name: DSL STAR EXPRESS INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: GIRALDA FARMS, MADISON AVE MADISON, NJ 07940 **Current Mailing Address: New Mailing Address:** P.O. BOX 880 - TAX DEPARTMENT MADISON, NJ 079400880 FEI Number: 22-3824133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CHIARELLO, ANTHONY A Name: Name: 286 HARLINGEN ROAD Address: Address: City-St-Zip: BELLE MAID, NJ 08502 City-St-Zip: Title: STD Title: () Delete () Change () Addition ANDERSEN, JAN K Name: Name: 7 RAMSEY WAY Address: Address: LONG VALLEY, NJ 07853 City-St-Zip: City-St-Zip: Title: Title: VD () Delete VPD (X) Change () Addition BRANDT, SOREN K BRANDT, SOREN K Name: Name: DALVEJ 20B DALVELIZOR Address: Address: City-St-Zip: DK-2820 GENTOFTE, DENMARK, City-St-Zip: DK-2820 GENTOFTE, DENMARK, DK DK Title: () Delete Title: VΡ (X) Change () Addition HOVE, THORKILD NOLAN, TIMOTHY J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

4 VALLEY WAY

MENDHAM, NJ 07945

SIGNATURE: JAN K ANDERSEN ST 04/26/2005