


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004145
 1. Entity Name
DB STRUCTURED PRODUCTS, INC.



Principal Place of Business Mailing Address
60 WALL STREET (NYC60-4006) **60 WALL STREET (NYC60-4006)**
NEW YORK, NY 10005 **NEW YORK, NY 10005**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
13-2653281 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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

1100000474702
 04/04/06-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FERGUSON, RICHARD W
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	LEHOCKY, JEFFREY
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	D'ALBERT, RICHARD
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	COMMAROTO, MICHAEL A
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	D
NAME	RICE, JOSEPH J
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005
TITLE	P
NAME	COMMAROTO, MICHAEL A
STREET ADDRESS	60 WALL STREET
CITY-ST-ZIP	NEW YORK, NY 10005

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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: James O. Wilhelm James O. Wilhelm, Asst. Sec. 3/15/06 212-250-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #