

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35194

FILED
Feb 07, 2005
Secretary of State

Entity Name: DPI CONSTRUCTION AND ENGINEERING CORP.

Current Principal Place of Business:

240 BAYSIDE DRIVE
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

N19 W24130 RIVERWOOD DRIVE
SUITE 100
WAUKESHA, WI 53188 US

New Mailing Address:

FEI Number: 36-3338560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KEIERLEBER, JEFFREY
Address: 240 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: SWEET, MICHAEL
Address: N19 W24130 RIVERWOOD DRIVE, SUITE 100
City-St-Zip: WAUKESHA, WI 53188

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: /S/ MICHAEL SWEET

S

02/07/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date