
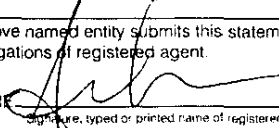
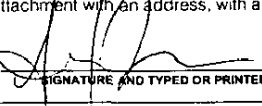


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90040 002 ***158.75

DOCUMENT # P04000133082					
1. Entity Name DBI MANAGEMENT, INC.					
Principal Place of Business 4214 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804			Mailing Address C/O ALEXANDER & SHERIDAN P.O. BOX 547188 ORLANDO, FL 32854-7188		
2. Principal Place of Business - No P.O. Box # 4424 Seaboard Rd.		3. Mailing Address			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.			
City & State Orlando, FL.		City & State			
Zip 32808		Country US		4. FEI Number 20-2059493	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DHINGRA, ARJUN 4214 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804			Name Dhingra, Arjun Street Address (P.O. Box Number is Not Acceptable) 4424 Seaboard Rd. Suite A City Orlando FL Zip Code 32808		
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  - Arjun Dhingra - President 5/7/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DHINGRA, ARJUN 4214 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dhingra, Arjun 4424 Seaboard Rd. Suite A Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  - Arjun Dhingra			Date 5/7/07 (407) 294-7090		