


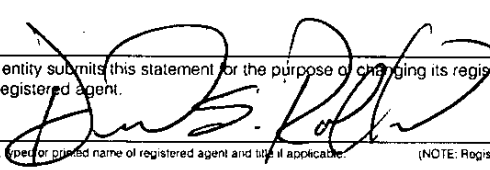
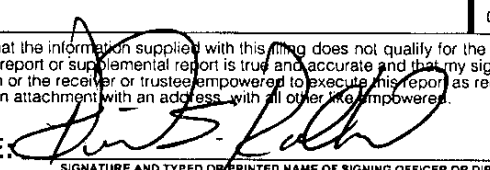
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90109 011 \*\*\*150.00

**60002766**



<b>DOCUMENT # P06000092253</b>			
1. Entity Name DSR SALES, INC.			
Principal Place of Business 17810 69TH ST N LOXAHATCHEE, FL 33470		Mailing Address 17810 69TH ST N LOXAHATCHEE, FL 33470	
2. Principal Place of Business - No P.O. Box # 7040 Seminole Pratt Rd.		3. Mailing Address 7040 Seminole Pratt Rd.	
Suite, Apt. #, etc. 2558		Suite, Apt. #, etc. 2558	
City & State Loxahatchee, FL		City & State Loxahatchee, FL	
Zip 33470 Country USA		Zip 33470 Country USA	
4. FEI Number 06-1785488		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBBINS, DAVID 17810 69TH ST N LOXAHATCHEE, FL 33470		Name ROBBINS, DAVID	
		Street Address (P.O. Box Number is Not Acceptable) 7040 Seminole Pratt Rd. #2558	
		City Loxahatchee FL Zip Code 33470	
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 		DATE 1/15/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D <input type="checkbox"/> Delete	NAME ROBBINS, DAVID	TITLE P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROBBINS, DAVID
STREET ADDRESS 17810 69TH ST N	CITY-ST-ZIP LOXAHATCHEE, FL 33470	STREET ADDRESS 7040 SEMINOLE PRATT RD. #2558	CITY-ST-ZIP LOXAHATCHEE, FL 33470
TITLE VP/T <input type="checkbox"/> Delete	NAME ROBBINS, DAVID	TITLE VP/T <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROBBINS, DAVID
STREET ADDRESS 17810 69TH ST N	CITY-ST-ZIP LOXAHATCHEE, FL 33470	STREET ADDRESS 7040 SEMINOLE PRATT RD. #2558	CITY-ST-ZIP LOXAHATCHEE, FL 33470
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TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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 		DATE 1/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 561-845-9700	