


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90072 049 \*\*\*158.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # P06000138491</b> |  |
| 1. Entity Name<br>DRNPS, INC.  |   |

|   |   |
|---|---|
| Principal Place of Business<br>561 PLANTERS MANOR WAY<br>BRADENTON, FL 34212 US | Mailing Address<br>561 PLANTERS MANOR WAY<br>BRADENTON, FL 34212 US |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

03232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5822059**

|                |  |
|----------------|--|
| Applied For    |  |
| Not Applicable |  |

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



**6. Name and Address of Current Registered Agent**

RYAN, DAVID R JR.  
 561 PLANTERS MANOR WAY  
 BRADENTON, FL 34212

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | SCTY                        | <input type="checkbox"/> Delete            |
| NAME           | STANFORD, ANDREA M          |  |
| STREET ADDRESS | 561 PLANTERS MANOR WAY      |  |
| CITY-ST-ZIP    | BRADENTON, FL 34212         |  |
| TITLE          | P                           | <input type="checkbox"/> Delete            |
| NAME           | D'ANGELO, TIMOTHY E         |  |
| STREET ADDRESS | 3118 CANON STREET, BLDG. #2 |  |
| CITY-ST-ZIP    | SAN DIEGO, CA 92106         |  |
| TITLE          | VP                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BENZONI, LOUIS              |  |
| STREET ADDRESS | 55 BAYSHORE DRIVE           |  |
| CITY-ST-ZIP    | TOMS RIVER, NJ 08753        |  |
| TITLE          | VP                          | <input type="checkbox"/> Delete            |
| NAME           | RYAN, DAVID R JR.           |  |
| STREET ADDRESS | 561 PLANTERS MANOR WAY      |  |
| CITY-ST-ZIP    | BRADENTON, FL 34212         |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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:**  **4-12-07 (409) 529-1744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #