

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000034621 1. Entity Name DPI INFORMATION SERVICES, INC.	
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Principal Place of Business 2318 W COLUMBUS DR 2ND FLOOR TAMPA, FL 33607	Mailing Address PO BOX 4768 TAMPA, FL 33677 US
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0756041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGLE, SEAN ESQ
 706 TURNBULL AVENUE, UNIT 203
 ALTAMONTE SPRINGS, FL 32701

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000588876 01/17/07-80090-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITTINGTON, ROBERT RUSSELL III 1311 WILLOW BEND WAY LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISSELL, CLARA 145 NORTHMOOR RD CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  1/17/07 (813)258-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #