

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046515

FILED
Apr 29, 2005
Secretary of State

Entity Name: D.A.R.T. SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2450 SNOWFLAKE LN
NORTH PORT, FL 34286

New Principal Place of Business:

1158 MARKET CIRCLE
UNIT #1
PORT CHARLOTTE, FL 33953

Current Mailing Address:

4411 BEE RIDGE RD
273
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0843701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL J. BELLE, P.A.
100 WALLACE AVE, STE 380
SARASOTA, FL 34236 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: D () Delete
Name: KURILAVICIUS, DONNA M
Address: 2450 SNOWFLAKE LN
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: KURILAVICIUS, RAYMOND
Address: 2450 SNOWFLAKE LN
City-St-Zip: NORTH PORT, FL 34286

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: DONNA KURILAVICIUS

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date