
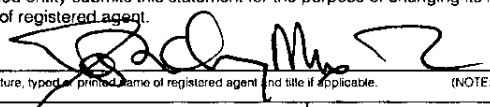



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90018 015 \*\*\*550.00

<b>DOCUMENT # 104265</b> 1. Entity Name <b>THE DINSMORE COMPANY</b>					
Principal Place of Business <b>421 7th Street</b> <b>ATLANTA, GA 30308</b>			Mailing Address <b>421 7th Street</b> <b>ATLANTA, GA 30308</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0746485</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LISA DEANGELIS, PERSONAL REPRESENTATIVE</b> <b>C/O COOKE &amp; MEUX, PA</b> <b>1301 RIVER PL BLVD</b> <b>JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>Joseph Clay Meux, Jr.</b> Street Address (P.O. Box Number is not Acceptable) <b>1301 Riverplace Blvd. Ste. 2254</b> City <b>Jacksonville</b> FL Zip Code <b>32207</b>		
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 <b>5/19/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEANGELIS, LISA 1301 RIVER PL BLVD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEANGELIS, LISA 1301 RIVER PL BLVD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEANGELIS, LISA 1301 RIVER PL BLVD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEANGELIS, LISA 1301 RIVER PL BLVD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
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:  <b>Lisa DeAngelis</b> <b>06/22/07</b> <b>(404) 502-4612</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					