2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 308767

HOWE, ERIC

19345 U.S. HWY. 19 N., STE. 206

CLEARWATER, FL 33764 US

Name:

Address: City-St-Zip:

Entity Name: DATA PROCESSING SERVICES, INC.

FILED Jul 20, 2007 Secretary of State

Littly Name: DATA PROCESSING SERVICES, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
19345 U.S. HWY. 19 N., STE. 206 CLEARWATER, FL 33764 US				5 U.S. HWY. 19 N. E 206 ARWATER, FL 33764	US	
Current Mailing Address:				New Mailing Address:		
19345 U.S. HWY. 19 N., STE. 206 CLEARWATER, FL 33764 US			SUIT	5 U.S. HWY. 19 N. E 206 ARWATER, FL 33764	US	
FEI Number:	59-1150316	FEI Number Applied For ()	FEI Number N	ot Applicable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HOWE, ERIC H 19345 U.S. HWY. 19 N., STE. 206 CLEARWATER, FL 33764 US				HOWE, ERIC H 19345 U.S. HWY. 19 N. SUITE 206 CLEARWATER, FL 33764 US		
The above in the State		y submits this statement for the p	ourpose of char	nging its registered offic	e or registered agent, or both,	
SIGNATURE:				07/20/2007		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SMALL, ANIT 19345 U.S. H	() Delete ⁻ A C., I WY. 19 N., STE. 206 ER, FL 33764 US	Title: Name Addre City-S	: ss:	nange () Addition	
Title: Name: Address: City-St-Zip:	LYNCH, WIL 19345 U.S. H	() Delete LIAM P HWY. 19 N., STE. 206 ER, FL 33764 US	Title: Name Addre City-S	: ss:	nange () Addition	
Title:	PD	() Delete	Title:	() Ch	ange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANITA C. SMALL TSD 07/20/2007