2005 FOR PROFIT CORPORATION ANNUAL REPORT

Dale L. Osterling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

Mar 26, 2005 08:00 AM **Secretary of State DOCUMENT # 547608** 1. Entity Name D-J'S OFFICES, INC. Mailing Address Principal Place of Business 305 S. LINE AVE. 305 S. LINE AVE. PO BOX 1959 PO BOX 1959 US INVERNESS, FL 34451 INVERNESS, FL 34452 No Chg-P CR2E034 (10/03) 01272005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1771214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSTERLING, DALE L. _ DO NOT WRITE 305 S. LINE AVE. INVERNESS, FL 34452 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE OSTERLING, JANE B NAME SR 491 SOUTH STREET ADDRESS U00000277085 03/26/05-80015-011 150.**0**0 CITY-ST-ZIP LECANTO, FL 34461 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

FILED