## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jun 21, 2007 8:00 am Secretary of State 06-21-2007 90022 040 \*\*\*150 00 **DOCUMENT #670386** 1. Entity Name DSU, INCORPORATED 411121258 Principal Place of Business Mailing Address 231 EAST COLONIAL DRIVE P 0 BOX 541566 P.O. BOX 541566 ORLANDO, FL 32854 US ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 108 ROBIN ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 06082007 CR2E034 (12/06) Chg-P 1002 City & State Applied For 4. FEI Number 59-2001654 Not Applicable Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARD, STEVE A PDT Street Address (P.O. Box Number is Not Acceptable) 404 HAZEL COURT ORLANDO, FL 32804 108 ROBIN ROAD The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of register agent. JUNE 18, 2007 SIGNATURE. and name of registered agen, and tile if apparable (NOTE Figg stored Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete **V** Change ☐ Addition TITLE NAME SHARD, STEVE A PRES NAME 108 ROBIN RD. STREET ADDRESS **404 HAZEL COURT** STREET ADDRESS AUTAMONTE SPRIKS, FL CITY ST ZIP ORLANDO, FL 32804 CITY ST ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 address, with all other like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

ATTACHMENT

40121258

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RE: DOCUMENT 670336

THIS IS TO ADDISE YOU THAT OUR COMPUTER IS DOWN. WE HAVE HOT BEEN ABLE TO DOWNLOAD THE DOCUMENTS, MAKE CHANCES AND/OR THY ONLINE. I HAD THE COMPUTER EXAMINED LAST WEEK FOR THE SECOND TIME. I WAS ASSURED IT WAS FIXED BOTH TIMES, BUT IT'S STILL NOT FIXED. I NOW HAVE ONLY UNITED USE IN "SAFE MODE."

ENCLOSED IS THE POST CARD AND CHECK # 4373 IN PAYMENT OF THE PILING FEE. THE ONLY CHANGE IS OUR MORESS, AS SHOWN AROLE.

THANK YOU.

STEVE X. SHARD, PRESIDENT

DSU, INC.