2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685893

FILED May 20, 2005 Secretary of State

Entity Name: DBC CORPORATION					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
100 WORT 703 PALM BEAG	H AVENUE CH, FL 33480				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
100 WORT 703 PALM BEAG	H AVENUE CH, FL 33480				
FEI Number:	59-2017558	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DE BORCHGRAVE, ARNALD DBC CORPORATION 100 WORTH AVENUE STE 703 PALM BEACH, FL 33480 US			DBC CORPORATION 100 WORTH AVENUE	DE BORCHGRAVE, ARNAUD DBC CORPORATION 100 WORTH AVENUE STE 703 PALM BEACH, FL 33480 US	
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: ARNAUD DE BORCHGRAVE				05/20/2005	
	Electronic	Signature of Registered Agen	t	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () EDE BORCHGRAV 100 WORTH AVE PALM BEACH, FI	NUE #703	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () E DE BORCHGRAV 100 WORTH AVE PALM BEACH, FI	NUE #703	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT D MILBURN CPA 05/20/2005