
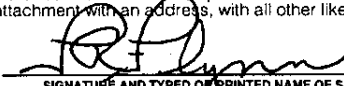


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90012 048 \*\*\*150.00

<b>DOCUMENT # 850548</b>					
1. Entity Name <b>DI ASSET CORP.</b>					
Principal Place of Business <b>2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245</b>			Mailing Address <b>2100 EAST GRAND AVENUE EL SEGUNDO, CA 90245</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>57-0723125</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISK, HAYWARD D		NAME		
STREET ADDRESS	2100 EAST GRAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP		
TITLE	EVPT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVEL, LEON J		NAME	<b>Michael E. Keane</b>	
STREET ADDRESS	2100 EAST GRAND AVENUE		STREET ADDRESS	<b>2100 East Grand Avenue</b>	
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP	<b>El Segundo, CA 90245</b>	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, TIMOTHY R		NAME		
STREET ADDRESS	2100 EAST GRAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP		
TITLE	SVAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, STEPHEN E		NAME		
STREET ADDRESS	2100 EAST GRAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONEYCUTT, VAN B		NAME		
STREET ADDRESS	2100 EAST GRAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVEL, LEON J		NAME		
STREET ADDRESS	2100 EAST GRAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO, CA 90245		CITY-ST-ZIP		
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: 		Timothy R. Flynn		02/010/06 310.615.0311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	