


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000000059</b> 1. Entity Name DBSI HOUSING INC.	
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Principal Place of Business 1550 SOUTH TECH LANE MERIDIAN, ID 83642	Mailing Address 1550 SOUTH TECH LANE MERIDIAN, ID 83642
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**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0355037	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000918394 05/13/08-80081-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES SWENSON, DOUGLAS L 1550 SOUTH TECH LANE MERIDIAN, ID 83642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR ELLISON, MARK 1550 SOUTH TECH LANE MERIDIAN, ID 83642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC HASSARD, CHARLES E 1550 SOUTH TECH LANE MERIDIAN, ID 83642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MAYERON, JOHN 1550 SOUTH TECH LANE MERIDIAN, ID 83642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR REEVE, THOMAS V 1550 S. TECH LANE MERIDIAN, ID 83642
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Jeremy Swenson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-23-08 208-489-2533