2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000003205

1. Entity Name
DFCI SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD SUITE 310 ORLANDO, FL 32819	5401 S KIRKMAN RD SUITE 310 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
11-0700610	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MESHOVER, STEPHEN
5401 S KIRKMAN RD SUITE 310
ORLANDO, FL 32819

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

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MESHOVER, STEPHEN
STREET ADDRESS	8701 KENMARE COVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	VPS
NAME	MARIE, OLIVIA
STREET ADDRESS	12 PRINCESS GATE
CITY-ST-ZIP	OAKDALE, NY 11769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000586817
01/17/07-80010-001 150.00

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: _____   1/1/07   631-669-0494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #