


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000004354 1. Entity Name DLB FINANCIAL SERVICES, INC.	
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Principal Place of Business P.O. BOX 880 PRINCETON, WV 24740	Mailing Address P.O. BOX 100643 FT. LAUDERDALE, FL 33310 US
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DO NOT WRITE IN THIS SPACE

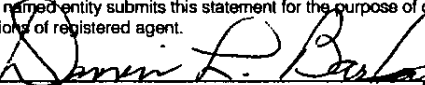
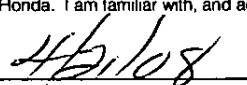


01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0695087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARLEY, DENNIS L 2180 NE 67TH STREET, #726 FT LAUDERDALE, FL 33310-1128
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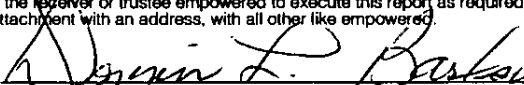
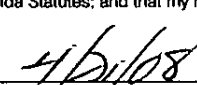
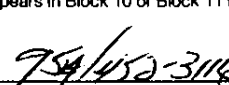
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE:  <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000916467 05/13/08-80002-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BARLEY, DENNIS L 2180 NE 67TH STREET, #726 FT LAUDEDALE, FL
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE:  <small>Date</small>	DAYTIME PHONE:  <small>Daytime Phone #</small>