2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F94000005452

SIGNATURE: _



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90394 043 ***150.00

4-1--06

630.584.6580

Daytime Phone #

1. Entity Name DCI PROPERTIES, INC.			(
Principal Place of Business P O BOX 366879 BONITA SPRINGS, FL 34136		Mailing Address P 0 BOX 366879 BONITA SPRINGS, FL 34136				
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. FEI Number Applied For 65-0515401 Not Applicab	le
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
·	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				Name	·- ·· · · · · · · · · · · · · · · · · ·	
1201 HAY		TSTEM, INC.		Street Address	(P.O. Box Number is Not Acceptable)	
			-	City	FL Zip Code	
 The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. 					<u>- — </u>	ət
SIGNATURE						
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contrib			5.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE	PDC	☐ Delete	TITLE	P/I	Z Change L Auditio	חכ
NAME STREET ADORESS	MCARDLE, DAVID A 4051 E. MAIN STREET		NAME		cArdle, David A.	
STREET ADDRESS CITY-ST-ZIP	ST. CHARLES, IL		CITY-S		00 E. Main Street, Suite B Charles, IL 60174	
TITLE	SD	⊠ Delete	TITLE	S/I		
NAME	KELLY, THOMAS J	Ca Delete	NAME	I	elty, Rodney A.	יוג
STREET ADDRESS	1600 E. MAIN ST., STE. B		STREET		00 E. Main Street, Suite B	
CITY-ST-ZIP	ST. CHARLES, IL		CITY-S	7 7.5	Charles, IL 60174	
TITLE	V BULON BONALD	🔀 Delete	TITLE	V	☐ Change 🔀 Additio	nc
NAME STREET ADDRESS :	P.O. BOX 366379		NAME STREET		ewhirst, Ned E.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34136		CITY-S	P.C	D. Box 366879	
TITLE	7*****	☐ Delete	TITLE	Во	onita Springs, FL 34136	 on
NAMÉ			NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-S	ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Additio	חג
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CITY-S	ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	on.
NAME			NAME			
STREET ADDRESS City-St-Zip			STREET CITY-S	ADDRESS		
	Eerlify that the information supplied with	this filing does not qualify for			d in Chapter 119. Florida Statutae I further podific that the infer	
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.						

Rodney A. Welty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR