2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# F96000004905

Entity Name: DEXTER FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5001 J ST., S.W.
CEDAR RAPIDS, IA 52404

New Principal Place of Business:

Current Mailing Address:

PO BOX 5368
CEDAR RAPIDS, IA 524065368

New Mailing Address:

FEI Number: 42-1369152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALBREGTS, PATRICK
Address: 614 LINDENWOOD CT
City-St-Zip: FAIRFIELD, IA 52556

Title: ST ( ) Delete
Name: FRITZ, FRANK D
Address: 200 E HARRISON AVE
City-St-Zip: FAIRFIELD, IA 52556

Title: DRS (X) Delete
Name: FREEZE, JAMES N
Address: 701 HILLSIDE DR
City-St-Zip: FAIRFIELD, IA 52556

Title: M ( ) Delete
Name: FRAZIER, LEO K
Address: 6621 FIRST AVE., S.W.
City-St-Zip: CEDAR RAPIDS, IA 52404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK D FRITZ ST 03/20/2007

Electronic Signature of Signing Officer or Director Date