

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 027 ***150.00

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|--|---|---------------------------------|---|---------------------------------------|--|
| DOCUMENT # F98000002543 | | | | | |
| 1. Entity Name DSI DISTRIBUTING, INC. | | | | | |
| Principal Place of Business 11338 AURORA AVE. DES MOINES, IA 50322 | | | Mailing Address 11338 AURORA AVE. DES MOINES, IA 50322 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 35-2034369 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRACEY, JON 6301 HAZELTINE NATIONAL DR. SUITE 101 ORLANDO, FL 32822 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | DATE _____ | | |
| FILE NOW!!! (FEE IS \$150.00) After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEO ROBISON, DAVID 11101 AURORA AVE. URBANDEALE, IA 50322 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD ROBISON, CHARLES A 11101 AURORA AVE. URBANDEALE, IA 50322 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD TARBELL, BEN 11101 AURORA AVE. URBANDEALE, IA 50322 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROBISON, DOUG 10450 BROCKWOOD DALLAS, TX 75238 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO ANDERSON, CRAIG 11101 AURORA AVENUE URBANDEALE, IA 50322 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Craig Anderson 4/28/05 515-276-9181 | | | | | |

50048473



04282005 Chg-P CR2E034 (10/03)

FL

Zip Code