2005 FOR PROFIT CORPORATION

ANNUAL	_			
DOCUMENT # F990000002 1. Entity Name DIBNEY CORPORATION	Name		FILF 05 JUN 21	DH A: 20
Principal Place of Business 931 VILLAGE BLVD, SUITE 905-398 WEST PALM BEACH, FL 33409	Mailing Address 931 VILLAGE BLVD, SUITE 905 WEST PALM BEACH, FL 33409			SEE, FLORIDA
DO NOT WRITE IN THIS SPA		CE	01062005 No Chg-P 4. FEI Number 65-0878744 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
BARKER, JIMMY L 931 VILLAGE BLVD, SUITE 905-398 WEST PALM BEACH, FL 33409		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, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.	. 00 May Be 5 (1005 5) ed to Fee86/27/050104	575329 2021 **1172.50
10. OFFICERS AND DI TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE NAME STREET ADDRESS CITY-ST-ZIP	98	mation stated in Sc	DO NOT WIN THIS SI	PACE
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 receives 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: Manual Content of the information indicated and that my name appears in Block 10 or Block 11 if the information of the corporation or the receives or trustee empowered.				
SIGNATURE OF TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR DIREC	foA	Dette	Deytime Phone #