


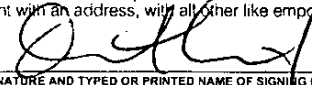


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 046 ***158.75

DOCUMENT # H39814 1. Entity Name DLFS CO.					
Principal Place of Business 2025 CATTLEMEN ROAD UNIT #A SARASOTA, FL 34232-3202			Mailing Address 2025 CATTLEMEN ROAD UNIT #A SARASOTA, FL 34232-3202		
2. Principal Place of Business 1940 Northgate Blvd.		3. Mailing Address 1940 Northgate Blvd.		 04212006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. B-6		Suite, Apt. #, etc. B-6			
City & State Sarasota, Fl		City & State Sarasota, Fl			
Zip 34234		Zip 34234			
Country 		Country 		4. FEI Number 59-2495066	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LINDSAY, DAVID G. B. 2025 CATTLEMEN ROAD UNIT #A SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Lindsay, David G.B. Street Address (P.O. Box Number is Not Acceptable) 1940 Northgate Blvd, Ste. B-6 City Sarasota FL Zip Code 34234	
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  David Lindsay, President 04/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD LINDSAY, DAVID G.B. 2025 CATTLEMEN ROAD #A SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lindsay, David G.B. 1940 Northgate Blvd., Ste. B-6 Sarasota, Fl-34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LINDSAY, PRISCILLA L. 2025 CATTLEMEN ROAD #A SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Lindsay, Priscilla L. 1940 Northgate Blvd., Ste. B-6 Sarasota, Fl 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  David Lindsay 04/21/06 941/358-6020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					