2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT - Jan 12, 2005 08:00 AM **DOCUMENT # J51967 Secretary of State** 1. Entity Name DATA MANAGEMENT SUPPORT, INC. Mailing Address Principal Place of Business 2603 N.W. 13TH STREET 2603 N.W. 13TH STREET #381 #381 GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 US 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2763546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DALLAIRE, ARTHUR J. DO NOT WRITE 7110 NE 67TH AVE. GAINESVILLE, FL 32609 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE DALLAIRE, ARTHUR J. NAME STREET ADDRESS 7110 N.E. 67TH AVENUE CITY-ST-ZIP GAINESVILLE, FL 32609 000000178634 01/12/05-80035-016 150.00 NAME STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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. ARTHUR T. DALLAIRE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAN 10, 2005 352-376-6522