APR. 28. 2005 4:28AM DIAL DIRECTORIES INC
Apr 28 05 03:20p Bollenback & ... ret

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
05-12-2005 90247 033 ***150.00

DOCUMENT # J78139
1. Entity Name
DIAL DIRECTORIES, INC.

50051918

Principal Place of Business	Mailing Address
2401 W BAY DR STE 430 LARGO, FL 33770-900 US	2401 W BAY DR STE 430 LARGO, FL 33770-900 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2815360 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KASLANDER, PAUL J.
2401 W BAY DR
STE 430
LARGO, FL 33770-4900

7. Name and Address of New Registered Agent
Name: MICHAEL D. BOLLENBACK, CPA
Street Address (P.O. Box Number is Not Acceptable): 1000 PINELLAS STREET
City: CLEARWATER FL Zip Code 33756

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: Michael D. Bollenback, CPA Michael D. Bollenback 4/28/05
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	DPS DIAL DIRECTORIES, INC. 2401 W BAY DR STE 430 LARGO, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ARLENE WALKER-KASLANDER 2401 W BAY DR, STE 430 LARGO, FL 33770 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Arlene Walker Kaslander 4-28-05 727-585-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #