## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 25, 2005 8:00 am **Secretary of State** DOCUMENT # J95557 02-25-2005 90148 008 \*\*\*150.00 DUSA INVESTMENT CORP. Principal Place of Business Mailing Address 1311 WINTER GARDEN-VINELAND RD. 1311 WINTER GARDEN-VINELAND RD. WINTER GARDEN, FL 34787-4342 WINTER GARDEN, FL. 34787-4342 2. Principal Place of Business 3. Mailing Address 545-7 DELANEY AVE 545-7 DELANEY AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02182005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For ORLANDO FL 59-2849075 ORLANDO FL Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 32801 32801 ÙSA LISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIER, CHRISTIAN GILLI, HARRY R Street Address (P.O. Box Number is Not Acceptable) 545-7 DELANEY AVE 1311 WINTER GARDEN-VINELAND RD. WINTER GARDEN, FL 34787-4342 City Zip Code 32801 ORLANDO 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 **CHRISTIAN THIER** 02/22/05 SIGNATURE Signature, typed or printed name red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE Delete TITLE P/D Change DUEREN, WOLFGANG NAME NAME STREET ADDRESS 545-7 DELANEY AVE STREET ADDRESS 1311 WINTERGARDEN-VINELAND RD. ORLANDO FL 32801 CITY-ST-ZIP WINTER GARDEN, FL 347874342 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME GILLI, HARRY R NAME STREET ADDRESS 1311 WINTER GARDEN-VINELAND RD. STREET ADDRESS WINTER GARDEN, FL 347874342 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIBLE 7ITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Contibba C TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

HARRY R GILLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

02/22/04

407-656-5599

Daytime Phone #