

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 035 \*\*\*150.00

<b>DOCUMENT # L27557</b> 1. Entity Name <b>DSL ENTERPRISES, INC.</b>					
Principal Place of Business <b>663 SO. NOVA ROAD ORMOND BEACH, FL 32174</b>			Mailing Address <b>663 SO. NOVA ROAD ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business - No P.O. Box # <b>4290 Pioneer Trail</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4290 Pioneer Trail</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>New Smyrna, Florida</b> <small>Zip</small> <b>32168</b> <small>Country</small> <b>USA</b>		City & State <b>New Smyrna Florida</b> <small>Zip</small> <b>32168</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>65-0152156</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LIBISZEWSKI, LINDA 4290 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168</b>			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> <b>FL</b> <small>Zip Code</small>		
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: <i>Linda Libiszewski</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>T</b> <b>LIBISZEWSKI, LINDA</b> <b>4290 PIONEER TRAIL</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
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: <i>Linda Libiszewski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date: <i>3/3/08</i> <span style="float: right;">Daytime Phone #: <i>386-424-9517</i></span>		

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