


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90303 008 \*\*\*150.00

<b>DOCUMENT # L30933</b>		
1. Entity Name D.P.L. OF FLORIDA, INC.		

Principal Place of Business C/O EDWIN F BLANTON 825 THOMASVILLE RD TALLAHASSEE, FL 32303	Mailing Address THE PAINT WORKS CORPORATE CENTER 20 EAST CLEMENTON ROAD, SUITE 201 SO. GIBBSBORO, NJ 08026
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**50043543**

2. Principal Place of Business		3. Mailing Address 2 Eastwick Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100	
City & State		City & State Gibbsboro NJ	
Zip	Country	Zip	Country
		08026	US

04112005 Chg-P CR2E034 (10/03)

4. FEI Number 22-2693940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, R. RANDLE			NAME			
STREET ADDRESS	20 E CLEMENTON RD, #201			STREET ADDRESS			
CITY-ST-ZIP	GIBBSBORO, NJ			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, ROBERT K.			NAME			
STREET ADDRESS	20 E. CLEMENTON RD., STE 201 SO.			STREET ADDRESS			
CITY-ST-ZIP	GIBBSBORO, NJ			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, KEVIN D.			NAME			
STREET ADDRESS	112 HADDONTOWNE CT., STE 101			STREET ADDRESS			
CITY-ST-ZIP	CHERRY HILL, NJ 08034			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 856-346-9800  
Date Daytime Phone