


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L91093 1. Entity Name DBC-PI DEVELOPMENT, INC.	
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Principal Place of Business 401 W COLONIAL DR. SUITE 7 ORLANDO, FL 32804	Mailing Address 401 W COLONIAL DR. SUITE 7 ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3034537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACARTHUR, WILLIAM H. 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804

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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)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MACARTHUR, WILLIAM H. 401 W COLONIAL #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VON KLUGE, HERBERT 401 W COLONIAL #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARIS, DANIEL W. 401 W. COLONIAL #7 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST WESTFALL, DONNA 401 W. COLONIAL DR. STE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80055-003 150.00

DO NOT WRITE
IN THIS SPACE

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: <u>Donna Westfall</u>	<u>Donna Westfall</u>	4-30-07	407-425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #