

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009403

FILED
Apr 29, 2006
Secretary of State

Entity Name: DPI PRESS, INC.

Current Principal Place of Business:

P.O. BOX 3563
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3563
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 03-0497678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFER, MERYL
141 KETTLE HARBOR DRIVE
DON PEDRO ISLAND
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SCHAFFER, MERYL MS.
Address: P.O. BOX 804
City-St-Zip: PLACIDA, FL 33946 US

Title: DIR () Delete
Name: JENACK, JEANPAUL MR.
Address: P.O. BOX 804
City-St-Zip: PLACIDA, FL 33946

Title: DIR () Delete
Name: HALBERT, MARYBETH MS.
Address: P.O. BOX 5277
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERYL SCHAFFER

DIR

04/29/2006

Electronic Signature of Signing Officer or Director

Date