

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N03000006997

Entity Name: D.B. PERU INC.

Current Principal Place of Business:

4745 ESTERO BOULEVARD., #602
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

822 NEUSE AVE.
FT. MYERS, FL 33913

Current Mailing Address:

4745 ESTERO BOULEVARD., #602
FT. MYERS BEACH, FL 33931

New Mailing Address:

822 NEUSE AVE.
FT. MYERS, FL 33913

FEI Number: 56-2315995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWIE, DARLENE D
4745 ESTERO BOULEVARD., #602
FT. MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

BOWIE, DARLENE D
822 NEUSE AVE.
FT. MYERS, FL 33913 US

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:

04/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWIE, DARLENE D P
Address: 4745 ESTERO BOULEVARD #602
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: V () Delete
Name: MONTEJO, RENZO P V
Address: JR. CRESPO Y CASTILLO N°251, LOS OLIVOS
City-St-Zip: LIMA, PE 00000 PE

Title: T () Delete
Name: BOWIE, GERALD E T/D
Address: 2855 FORBES STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S () Delete
Name: MENDOZA, EMMA V S
Address: LUIS MONTERO 2-6 #485, URB. MIRAFLORES
City-St-Zip: PIURA, PE 00000 PE

Title: D () Delete
Name: MEADOWS III, CHARLES E D
Address: 1225 GAMBLE DRIVE
City-St-Zip: HEISKELL, TN 37754 US

Title: D () Delete
Name: BOWIE, TYRONE R D
Address: 608 FAITH TERRACE
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOWIE, DARLENE D P
Address: 822 NEUSE AVE.
City-St-Zip: FORT MYERS, FL 33913 US

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

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

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: DARLENE D BOWIE

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date