

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006997

FILED
Apr 30, 2007
Secretary of State

Entity Name: D.B. PERU INC.

Current Principal Place of Business:

822 NEUSE AVE.
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

822 NEUSE AVE.
FT. MYERS, FL 33913

New Mailing Address:

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
822 NEUSE AVE.
FT. MYERS, FL 33913 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: P () Delete
Name: BOWIE, DARLENE D P
Address: 822 NEUSE AVE.
City-St-Zip: FORT MYERS, FL 33913 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 (X) Delete
Name: BOWIE, TYRONE R D
Address: 608 FAITH TERRACE
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: DEEMER, NANCY E T/D
Address: 822 NEUSE AVE.
City-St-Zip: FORT MYERS, FL 33913 US

Title: S (X) Change () Addition
Name: PEARL, ANGELA M S/D
Address: 114 BRIGHTON CLOSE
City-St-Zip: NASHVILLE, TN 37205 US

Title: D (X) Change () Addition
Name: ACHENBAUGH, NORVA D
Address: 5920 SONOMA CT.
City-St-Zip: NAPLES, FL 34119 US

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

I hereby certify that the information supplied with this filing does not qualify 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 DIANE BOWIE

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date