

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006997

FILED  
Mar 15, 2009  
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 Nº251, LOS OLIVOS  
City-St-Zip: LIMA, PE 00000 PE

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

Title: D ( ) Delete  
Name: ANDERSON, CINDI D  
Address: 8202 E. LINCOLN DRIVE  
City-St-Zip: SCOTTSDALE, AZ 85250 US

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

Title: D ( ) Delete  
Name: MEYER, PEG D  
Address: 4149 WOODLAND CT  
City-St-Zip: GRAPEVINE, TX 76051 US

**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:

Title: D (X) Change ( ) Addition  
Name: ANDERSON, CINDI D  
Address: 46 STARLITE DR.  
City-St-Zip: SEDONA, AZ 86336 US

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 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

03/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date