2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2006
Secretary of State

DOCUMENT# N04000009171

Entity Name: DPI MILLIONAIRES CLUB OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

1414 1ST STREET N.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

C/O MAXINE MCKINSTRY
PO BOX 3638
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 56-2493198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FATILA, TAMRA L
543 W. NEW ENGLAND AVENUE STE. A
WINTER PARK, FL 32789 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:	PD	( ) Delete
Name:	FATILA, TAMRA	
Address:	531 W. COMSTOCK AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VD	( ) Delete
Name:	BUTLER, NEDRA	
Address:	708 N. MASS AVE.	
City-St-Zip:	LAKELAND, FL 33801	
Title:	SD	( ) Delete
Name:	REESE, NICOLE	
Address:	1076 N. BROADWAY AVENUE	
City-St-Zip:	BARTOW, FL	
Title:	TD	( ) Delete
Name:	MCKINSTRY, MAXINE	
Address:	1414 1ST STREET N.E.	
City-St-Zip:	WINTER HAVEN, FL 33880	

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:	( ) 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: TAMRA L. FATILA PD 04/15/2006

Electronic Signature of Signing Officer or Director — Date