


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N04000009171 |  |
| 1. Entity Name DPI MILLIONAIRES CLUB OF CENTRAL FLORIDA INC. | |

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| Principal Place of Business 1414 1ST STREET N.E. WINTER HAVEN, FL 33880 | Mailing Address C/O MAXINE MCKINSTRY PO BOX 3638 WINTER HAVEN, FL 33881 |
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 56-2493198 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FATILA, TAMRA L
543 W. NEW ENGLAND AVENUE STE. A
WINTER PARK, FL 32789

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000906840 05/05/08-80014-014 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FATILA, TAMRA 531 W. COMSTOCK AVENUE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BUTLER, NEDRA 708 N. MASS AVE. LAKE LAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REESE, NICOLE 1076 N. BROADWAY AVENUE BARTOW, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCKINSTRY, MAXINE 1414 1ST STREET N.E. WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maxine McKinstry 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #