


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # N04000012092</b> 1. Entity Name DSI SUPPORTERS, INC.		
Principal Place of Business 5504 MELLI LANE NORTH FORT MYERS, FL 33917-4086	Mailing Address 5504 MELLI LANE NORTH FORT MYERS, FL 33917-4086	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  FOSTER, VIOLA M 5504 MELLI LANE NORTH FORT MYERS, FL 33917-4086		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, NEURING B JR 5504 MELLI LANE NORTH FORT MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, VIOLA M 5504 MELLI LANE NORTH FORT MYERS, FL 33917	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNZIKER, KARL 720 SHADYSIDE STREET LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
<b>SIGNATURE:</b> <u>Viola M. Foster</u> <b>VIOLA M. FOSTER</b> <u>04/12/2006</u> <u>239-543-6246</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2446084	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/28/06-80014-024 70.00