

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 14, 2011
Secretary of State

DOCUMENT# N04000012092

Entity Name: DSI SUPPORTERS, INC.**Current Principal Place of Business:**25145 TWIN OAKS LANE
FERNANDINA BEACH, FL 32034**New Principal Place of Business:**5504 MELLI LANE
NORTH FORT MYERS, FL 33917 US**Current Mailing Address:**5504 MELLI LANE
NORTH FORT MYERS, FL 33917 US**New Mailing Address:****FEI Number:** 20-2446084**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FOSTER, VIOLA M
5504 MELLI LANE
NORTH FORT MYERS, FL 33917 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
Name: FOSTER, NEURING B JR.
Address: 5504 MELLI LANE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: STD
Name: FOSTER, VIOLA M
Address: 5504 MELLI LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VPD
Name: STOVER, DONALD R
Address: 4803 WESTBURY COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: COTTON, RICKEY
Address: 1319 GLENVIEW LANE
City-St-Zip: LAKE LAND, FL 33813 US

Title: D
Name: ENGELS, DAVID E
Address: 4812 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: VIOLA M. FOSTER

STD

10/14/2011

Electronic Signature of Signing Officer or Director

Date