

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005034

FILED
Jan 17, 2009
Secretary of State

Entity Name: DSCT, INC.

Current Principal Place of Business:

499 22ND PLACE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

499 22ND PLACE
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 26-2851384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAN, LISA E
1151 INDIAN MOUND TRAIL
VERO BEACH, FL 32963 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: PETTINGILL, JULIE
Address: 4260 4TH PLACE
City-St-Zip: VERO BEACH, FL 32968 US

Title: TD () Delete
Name: ROSE, ROBERTA S DO
Address: 609 CROSS CREEK DRIVE
City-St-Zip: SEBASTIAN,, FL 32958 US

Title: D () Delete
Name: DORAN, CHRISTINE
Address: 344 KEEN TERRACE, APT A
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: BRACKEN, KARIN
Address: 1845 TARPON LANE, G-104
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: CALLAHAN, MARISA
Address: 260 SEAGULL AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: FRANKLIN, OLIVIA V
Address: 520 CYPRESS ROAD
City-St-Zip: VERO BEACH, FL 32963

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
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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 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: LISA E. LAZAN

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date