04/22/2004 16:22 8136778857 SBS LTD

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90364 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000004477

1. Entity Name
DME INTERNATIONAL, INC.

Principal Place of Business
610 GREEN VALLEY ROAD
PALM HARBOR, FL 34683

Mailing Address
610 GREEN VALLEY ROAD
PALM HARBOR, FL 34683

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 610 GREEN VAlleY Rd	3. Mailing Address: SAme
Suite, Apt. #, etc.: Apt H-2	Suite, Apt. #, etc.: APT. H-2
City & State: PAlm HARBOR FL	City & State
Zip: 34683 Country: USA	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURI, ELISA
2281 EAST GREENHOLLOW DRIVE
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): Same
City FL Zip Code

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: Elisa Turi
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: April 23-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DINOP, TURI 2281 E GREEN HOLLOW DR PALM HARBOR, FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARGARET TURI 2281 EAST GREENHOLLOW DR PALM HARBOR, FL. 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Margaret Turi RN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
(727) 785-6931
Daytime Phone #