## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

| ANNUAL REPORT (AR)   |                    |                                 |                    |   |              |  |   | FILED                                    |                     |                                     |                           |  |
|--|--------------------|---------------------------------|--------------------|---|--------------|--|---|--|---------------------|-------------------------------------|---------------------------|--|
| DOCUMENT # P0000040356  1. Entity Name   |                    |                                 |                    |   |              |  | Mar 21, 2005 08:00 AN<br>Secretary of State       |  |                     |                                     |                           |  |
| DSENET,  | , INC.             |                                 |                    |   |              |  |   |  | J                   |                                     |                           |  |
| Principal Place of Business  |                    |                                 | Mailir             | Mailing Address                           |              |  | · ·   | .,                                       | •                   |                                     | 2                         |  |
| 5201 S. WESTSHORE BLVD.<br>TAMPA FL 33611  |                    |                                 |                    | 5201 S. WESTSHORE BLVD.<br>TAMPA FL 33611 |              |  |   | #11881 111 88111 88111 88111 88111 88111 | ו בעונם וובוע מונו  | 1 <b>061 D</b> illio <b>n 201</b> 1 | אנטון נון נ <b>שי</b> ש!  |  |
| 2. Principal Place of Business   |                    |                                 | <b>3.</b> Ma       | 3. Mailing Address                        |              |  |   |  |                     |                                     |                           |  |
| Suite, Apt. #, etc   |                    |                                 | Suit               | Suite, Apt. #, etc.                       |              |  | ] · · - <sub>1</sub> .                            | st MOORE CR                              | 2E034 (10           | (04)                                |                           |  |
| City & State   |                    |                                 | Cîty               | Cîty & State                              |              |  | 4. FEI Num  | 59-3650996                               |                     |                                     | plied For<br>t Applicable |  |
| Zip  |                    |                                 | Zip                |   | Cour         | ntry   | 5, Certificat                                     | e of Status Desired                      |                     | 75 Addi<br>Required                 |                           |  |
|  | 6. Name :          | and Address of Curren           | t Register         | ed Agent                                  |              |  | 7. Name an  | d Address of New Regi                    | stered Agent        |                                     |                           |  |
|  | NI DAE V           |                                 |                    |   |              | Name   |   |  |                     |                                     |                           |  |
| SHIN, DAE Y<br>5201 S. WESTSHORE BLVD.<br>TAMPA FL 33611                                 |                    |                                 |                    |   |              | Street Address (P.O. Box Number is Not Acceptable) |   |  |                     |                                     |                           |  |
|  |                    |                                 |                    |   |              | City   |   |  | FL   Z              | ip Code                             | <u> </u>                  |  |
| C The chave  | named antib        | submits this statement          | for the form       | and of changing its                       | rogistor     | ad office or registe                               | rad agent or b                                    | oth, in the State of Florida             |                     | ar with                             | and accept                |  |
|  | tions of registe   |                                 | ioi (ile baik      | ose of Crianging its                      | register     | ed ouice or reduste                                | ien affeir' ni n                                  | Out, in the state of honde               | 2 ) 6311 16311 3111 | 21 <b>50</b> 101+3 C                | and accept                |  |
| OLOMATURE  |                    |                                 |                    |   |              |  | •   | ,.                                       |                     |                                     |                           |  |
| SIGNAȚURE  | Signature, typed o | printed name of registered ager | nt and title it ap | plicable TNOTE                            | Registere    | d Agent signature require                          | d when reinstating)                               |  | DATE                |                                     |                           |  |
| F  | ILE NOW!!!         | FEE IS \$150.00                 |                    |   |              |  |   | 9. Election Campaign                     | Einanaina           | ¢E (                                | 00 May Be                 |  |
| After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State |                    |                                 |                    |   |              |  |   | Trust Fund Contribu                      | -                   |                                     | d to Fees                 |  |
| 10.  |                    | OFFICERS AN                     | DIRECTO            | PRS                                       | 11.          |  | ADDITIONS   | CHANGES TO OFFICE                        | RS AND DIRE         | CTORS                               |                           |  |
| HILE   | DP                 |                                 |                    | Delete                                    | TITU!<br>MAM | •  |   |  | _                   | Change                              | Addition                  |  |
| NAME<br>STREET ADDRESS   | ,                  |                                 |                    | ·   |              | ET ADDRESS   | Unnonn271641<br>n3/21/05-80055-013 1 <b>50.00</b> |  |                     |                                     | in .                      |  |
| CITY ST-ZIP  |                    |                                 | •                  |   |              | -ST-ZIP  |   |  |                     |                                     |                           |  |
| THTLE  |                    | <del></del>                     |                    | ☐ Delete                                  | TITLE        | l  |   |  |                     | Strange                             | Addition                  |  |
| NAME<br>CTOKET ADDRESS   |                    |                                 | •                  |   | NAM          |  |   |  |                     |                                     |                           |  |
| STREET ADDRESS<br>CITY: ST-ZIP   |                    |                                 | _                  |   |              | ET ADDRESS<br>-ST-ZIP                              |   |  |                     |                                     |                           |  |
| THEE   | <del> </del>       | <u></u>                         | <del> \</del>      | Delete -                                  | TiTLE        | <del></del>  | ······································            | <u> </u>                                 |                     | Change                              | ☐ Addition                |  |
| NAME   |                    |                                 |                    | 22 30,00                                  | NAM          | l.   |   |  | _                   |                                     | _                         |  |
| STREFT ADDRESS   |                    |                                 |                    |   | 1            | ET ADGRESS   |   |  |                     |                                     |                           |  |
| CHTY-ST-ZIP  | <u> </u>           | <del></del>                     |                    |   | _            | -SI-ZIP  |   | <del>, </del>                            |                     |                                     |                           |  |
| TITLE<br>NAME  |                    |                                 |                    | ☐ Delete                                  | TITE         | 1  |   |  |                     | hange                               | ☐ Addition                |  |
| STREET ADDRESS   |                    |                                 |                    |   |              | ELADDRESS  |   |  |                     |                                     |                           |  |
| CITY-ST-ZIP  |                    |                                 |                    |   | - 8          | -SI-ZP   |   |  |                     |                                     |                           |  |
| DILE   |                    |                                 | . / <del>(</del> - | ☐ Delete                                  | गास          |  |   |  |                     | Change                              | ☐ Addition                |  |
| NAME   |                    |                                 |                    |   | NAM          |  |   |  |                     |                                     |                           |  |
| STREET ADDRESS<br>CITY ST-ZIP  |                    |                                 |                    |   |              | ET ADDRESS<br>-ST-ZIP                              |   |  |                     |                                     |                           |  |
| FILE   | <del> </del>       |                                 | <del></del>        | ☐ Delete                                  | TITLE        |  |   |  |                     | hange                               | Addition                  |  |
| NAME   |                    |                                 |                    | - Dolotto                                 | NAM          | l l  |   |  | <u> </u>            |                                     |                           |  |
| STREET ADDRESS   | 1                  |                                 |                    |   |              | ELADDRESS  |   |  |                     |                                     |                           |  |
| CDY+ST-ZIP   | i                  |                                 |                    |   | CLIY         | ST-ZIP   |   |  |                     |                                     |                           |  |

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.

\$13-831-0750 Daytime Phone (

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR