2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000040356

1. Entity Name
DSENET, INC.



Principal Place of Business

Mailing Address

5201 S. WESTSHORE BLVD. TAMPA, FL 33611

5201 S. WESTSHORE BLVD. TAMPA, FL 33611

FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90075 017 ***150.00



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No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3650996

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIN, DAE Y 5201 S. WESTSHORE BLVD. TAMPA, FL 33611

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				,		
	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title is	applicable. (NOTE: Registered	Agent signature	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				_
NAME STREET ADDRESS CITY-ST-ZIP	DP SHIN, DAE Y 5201 S. WESTSHORE BLVD. TAMPA, FL 33611				RECEIVED	
NAME STREET ADDRESS CITY-ST-ZIP					JAN 0 6 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u> .		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mptions co	ntained in Chapter 11	9. Florida Statutes. I further certify that the information	

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 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

813-831-0750