2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048578

Entity Name: D. STATION TECHNOLOGIES, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1301-11 MC #11&12	NUMENT ROAD	1			
	/ILLE, FL 32225	US			
Current Mailing Address: N			New Mailing Addres	New Mailing Address:	
	ONUMENT ROAD /ILLE, FL 32225	US			
FEI Number:	59-3643306 F	El Number Applied For() FEI Nu	ımber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DEANGELIS, M. CARLA 11365 CANVASBACK CT. JACKSONVILLE, FL 32225 US					
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.					
SIGNATUR					
	Electronic S	ignature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Dele DEANGELIS, CARLA 11365 CANVASBAC JACKSONVILLE, FL	А К СТ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Dela GOLCHER, SHANNO 11652 FT. CAROLIN JACKSONVILLE, FL	ON IE LAKES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Dele WINTON, WILLIAM 10864 CROSSTIE O JACKSONVILLE, FL	т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Dele CARTER, JANICE 10771 JAVA DR. JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele BOWES, MAC 1636 WILDWOOD C JACKSONVILLE, FL	CRK LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele SCHMULLER, JOE 10383 ARROW FOR JACKSONVILLE, FL	REST CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears					

SIGNATURE: JANICE M CARTER TD 04/28/2005

above, or on an attachment with an address, with all other like empowered.