


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000049047 1. Entity Name DOMAIN NAME SYSTEMS, INC.	
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Principal Place of Business 1811 ENGLEWOOD ROAD #230 ENGLEWOOD, FL 34223	Mailing Address 1811 ENGLEWOOD ROAD #230 ENGLEWOOD, FL 34223
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06082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JESKE, FORD 1811 ENGLEWOOD RD SUITE 230 ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESKE, GORD 1811 ENGLEWOOD ROAD #230 ENGLEWOOD, FL 34223
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06/16/05-80001-007 150.00

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

June 13/05

941 473 1779

Date Daytime Phone #