FILED
May 08, 2006 8:00 am
Secretary of State
04-20-2006 90217 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4

DOCUMENT # P00000078893

1. Entity Name
DIRECT SERVICES INTERNATIONAL, INC.

66015007

Principal Place of Business	Mailing Address
8356 BOWDEN ROAD WINDERMERE, FL 34786	8356 BOWDEN ROAD WINDERMERE, FL 34786

04082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1318 BELFIORE WAY		1318 BELFIORE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WINDERMERE FL		City & State: WINDERMERE FL	
Zip: 34786	Country: USA	Zip: 34786	Country: USA

4. FEI Number 59-3672168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTINGLEY, ROY
~~8356 BOWDEN ROAD~~
~~WINDERMERE~~, FL 34786

1318 BELFIORE WAY
WINDERMERE
FL 34786

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 [signature] R MATTINGLEY 4.15.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	D MATTINGLY, ROY ~~8356 BOWDEN ROAD~~ ~~WINDERMERE~~, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTINGLEY ROY 1318 BELFIORE WAY WINDERMERE FL 34786	☐ 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 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] 4.15.06 863.557.4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #