

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90023 022 ***150.00

DOCUMENT # P0000090233

1. Entity Name
 DOCUMENT PREPARATION SPECIALIST INC.



Principal Place of Business

~~819 NORTH PINE HILL ROAD~~
~~ORLANDO, FL 32808~~
 1716 Talloway Way
 Orlando FL 32818

Mailing Address

1716 TALLOWAY
 ORLANDO, FL 32818



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3673093 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME DOUGLAS, LORNA E
 STREET ADDRESS 819 NORTH PINE HILL ROAD
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE VD
 NAME URQUHART, MICHELLE D
 STREET ADDRESS 819 NORTH PINE HILL ROAD
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE SD
 NAME PENNY, SAMANTHA R
 STREET ADDRESS 819 NORTH PINE HILL ROAD
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE TD
 NAME AMOS, KARIM N
 STREET ADDRESS 819 NORTH PINE HILL ROAD
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: _____

Lorna Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #