
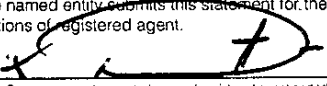
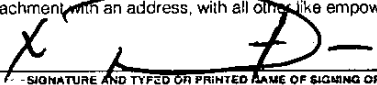


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90050 048 ***150.00

DOCUMENT # P02000004099 1. Entity Name D.V.I., INC.																																			
Principal Place of Business 4834 CANDIA ST. CAPE CORAL, FL 33904		Mailing Address 4834 CANDIA ST. CAPE CORAL, FL 33904																																	
2. Principal Place of Business 1406 SE 16TH PLACE Suite, Apt. #, etc.		3. Mailing Address 1406 SE 16TH PLACE Suite, Apt. #, etc.																																	
City & State CAPE CORAL FL Zip 33990 Country LEE		City & State CAPE CORAL FL Zip 33990 Country LEE																																	
4. FEI Number 04-3588074		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent IZZO, DOMINICK 4834 CANDIA ST CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1406 SE 16TH PLACE City CAPE CORAL FL Zip Code 33990																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPST <input type="checkbox"/> Delete IZZO, DOMINICK V 4834 CANDIA ST. CAPE CORAL, FL 33904 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete IZZO, DOMINICK V 4834 CANDIA ST. CAPE CORAL, FL 33904															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1402 SE 16TH PLACE CAPE CORAL FL 33990 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1402 SE 16TH PLACE CAPE CORAL FL 33990														
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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: 		Date 3.11.05 Daytime Phone # _____																																	