
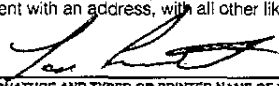


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 30, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000043267</b>		
1. Entity Name DLC RENTAL CORP.		
Principal Place of Business 10410 SEMINOLE BOULEVARD SUITE #1 SEMINOLE, FL 33778	Mailing Address 10410 SEMINOLE BOULEVARD SUITE #1 SEMINOLE, FL 33778	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  LIMROTH, TOM 10410 SEMINOLE BOULEVARD SUITE #1 SEMINOLE, FL 33778		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOM, LIMROTH CPA 10410 SEMINOLE BOULEVARD SEMINOLE, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT, CASTLES 10410 SEMINOLE BOULEVARD SEMINOLE, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOVAN, GEORGE 10410 SEMINOLE BOULEVARD SEMINOLE, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>TOM LIMROTH PRES</b>		<b>1/27/06 727.393-6707</b>



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0067357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000407433  
02/08/06-80019-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #