

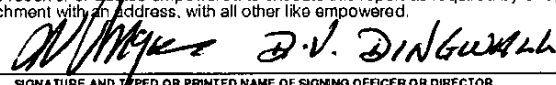

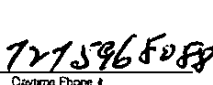


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90534 043 ***150.00

DOCUMENT # P02000056194 1. Entity Name DINVEST, INC.					
Principal Place of Business 2840 WEST BAY DRIVE BELLEAIR BLUFFS, FL 33770			Mailing Address 2840 WEST BAY DRIVE BELLEAIR BLUFFS, FL 33770		
2. Principal Place of Business 2249 Donato Dr Suite, Apt. #, etc.		3. Mailing Address 2249 Donato Dr Suite, Apt. #, etc.		50046208 	
City & State Belleair Beach, FL		City & State Belleair Beach, FL		4. FEI Number 04-3672403	
Zip 33786		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DINGWALL, DONALD V 2840 WEST BAY DRIVE BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2249 Donato Dr Belleair Beach, FL 33786 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DINGWALL, TEDDY J 2840 WEST BAY DRIVE BELLEAIR BLUFFS, FL 33770 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2249 Donato Dr Belleair Beach, FL 33786 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  D.V. DINGWALL  APR 29/05  7215965088 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					