

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000076776 1. Entity Name DYL, INC.				Apr 07, 2005 08:00 AM Secretary of State					
Principal Place of Business 27652 BREAKERS DR WESLEY CHAPEL, FL 33543		Mailing Address 27652 BREAKERS DR WESLEY CHAPEL, FL 33543							
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>				02122005 No Chg-P CR2E034 (10/03)					
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 36-4503042</td> <td style="width: 20%;">Applied For <input type="checkbox"/></td> </tr> <tr> <td>5. Certificate of Status Desired <input type="checkbox"/></td> <td>\$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 36-4503042	Applied For <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent AFOLABI, ADETOUN A 27652 BREAKERS DR WESLEY CHAPEL, FL 33543				<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>					
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				UN00000292096 04/07/05-80057-008 150.00					
TITLE	P	NAME		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>					
STREET ADDRESS	AFOLABI, ADETOUN A	CITY-ST-ZIP							
STREET ADDRESS	27652 BREAKERS DR	CITY-ST-ZIP							
STREET ADDRESS	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP							
STREET ADDRESS	V	CITY-ST-ZIP							
STREET ADDRESS	AFOLABI, JOSEPH O	CITY-ST-ZIP							
STREET ADDRESS	27652 BREAKERS DR	CITY-ST-ZIP							
STREET ADDRESS	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP							
STREET ADDRESS	D	CITY-ST-ZIP							
STREET ADDRESS	AFOLABI, ABAYOMI O	CITY-ST-ZIP							
STREET ADDRESS	27652 BREAKERS DR	CITY-ST-ZIP							
STREET ADDRESS	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP							
STREET ADDRESS	D	CITY-ST-ZIP							
STREET ADDRESS	DIEUNDONNE, JEAN	CITY-ST-ZIP							
STREET ADDRESS	9202 DAY FLOWER DRIVE	CITY-ST-ZIP							
STREET ADDRESS	TAMPA, FL 33647	CITY-ST-ZIP							
STREET ADDRESS		CITY-ST-ZIP							
STREET ADDRESS		CITY-ST-ZIP							
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: <u>Afolabi Adetoun A Senrele Afolabi</u> Date: <u>04/03/05</u> (813) 907-2875									