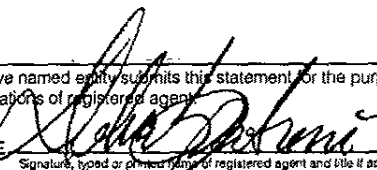
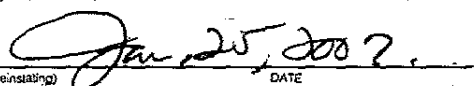
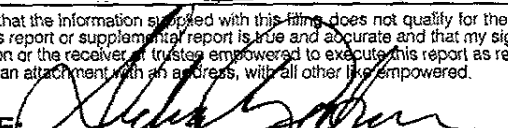
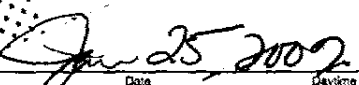


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000033319		
1. Entity Name D. P. LIMITED, INC.		
Principal Place of Business 5 SABINE DRIVE PENSACOLA BEACH, FL 32561		Mailing Address 5 SABINE DRIVE PENSACOLA BEACH, FL 32561
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATRONI, DEBRA SUE 5 SABINE DRIVE PENSACOLA BEACH, FL 32561		 01182007 No Chg-P CR2E034 (11/05) 4. FEI Number 77-0595475 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
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)		DO NOT WRITE IN THIS SPACE
		DATE 
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PATRONI, DEBRA SUE	
STREET ADDRESS	5 SABINE DRIVE	
CITY- ST- ZIP	PENSACOLA BEACH, FL 32561	
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 199, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be 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 199, 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		 Date Daytime Phone #