


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000092216 1. Entity Name DEXTERITY, INC.	
--	---

Principal Place of Business 4422 ROCKWOOD DR PALM HARBOR, FL 34685 US	Mailing Address 4422 ROCKWOOD DR PALM HARBOR, FL 34685 US
---	---

DO NOT WRITE IN THIS SPACE



03242007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1455847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CSINTALAN, ERIKA
4422 ROCKWOOD DR
PALM HARBOR, FL 34685**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000722872 05/02/07-80048-023 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CSINTALAN, ERIKA 4422 ROCKWOOD DR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CSINTALAN, ANTAL G 4422 ROCKWOOD DR PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Erika Csintalan** x **4/18/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #