


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000101424</b> 1. Entity Name <b>DIRECT FABRICATION SOLUTIONS INC.</b>	
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Principal Place of Business <b>2310 SE 2ND STREET SUITE 5 BOYNTON BEACH, FL 33435</b>	Mailing Address <b>2310 SE 2ND STREET SUITE 5 BOYNTON BEACH, FL 33435</b>
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>26-0071440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RIZZO, MARC A  
2647 S.E. 27TH LANE  
65A  
BOYNTON BEACH, FL 33435**

**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: *Marc Rizzo* (NOTE: Registered Agent signature required when reinstating) DATE: 1-24-08

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RIZZO, MARC A 2647 SE 27TH LANE BOYNTON BEACH, FL 33435</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/30/08-80086-012 150.00

**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: *Marc Rizzo* 1-24-08 561-809-0422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #