AMENDED

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED P03000152844

04 JUN -7 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000152844

1. Entity Name
DSC MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4865 SIGNAL HILL RD. ORLANDO, FL 32808	4865 SIGNAL HILL RD. ORLANDO, FL 32808

02152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4816 Sanoma Village Suite, Apt. #, etc.	4816 Sanoma Village Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando Fl
Zip: 32808 Country: Orange	Zip: 32808 Country: Orange

4. FEI Number: 20-0537835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. PALM BEACH GARDENS, FL 33410	Name: SABRINA D. Covington, CPA Street Address (P.O. Box Number is Not Acceptable) 498 Palm Springs Dr #100 City: Altamonte Springs FL Zip Code: 32714

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: _____ 600037861466
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailed filing) 06/11/04--01009--014 **62.25
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D HARRELL, BETTIE 4865 SIGNAL HILL RD. ORLANDO, FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bettie J. Harrell 4816 Sanoma Village Orlando, Fl 32808	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-President Contessa Harrell 5933 ~~Cl~~ d. Clydesdale	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Apt C-33 Orlando, Fl 32822 PLACE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Bettie J Harrell Bettie J. Harrell 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #