


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 010 \*\*\*158.75

<b>DOCUMENT # P03000156615</b>		
1. Entity Name <b>DSW FINANCE CORPORATION</b>		
Principal Place of Business <b>324 CHECKERBERRY WAY SOUTH JACKSONVILLE FL 32259</b>	Mailing Address <b>11250 ST. AUGUSTINE RD. #15-335 JACKSONVILLE FL 32257</b>	



2. Principal Place of Business - No P.O. Box # <b>324 Checkerberry Way S.</b>	3. Mailing Address <b>11250 St. Augustine Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#15-335</b>

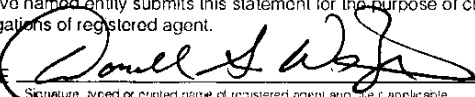
1st MOORE CR2E034 (10/06)

City & State <b>Jacksonville, Florida</b>	City & State <b>Jacksonville, Florida</b>
Zip <b>32259</b>	Zip <b>32257</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>58-2681673</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SHEFFIELD, J. HOWARD 6101 GAZEBO PARK PL. N., #104 JACKSONVILLE FL 32257</b>	
7. Name and Address of New Registered Agent Name <b>Sheffield J. Howard</b> Street Address (P.O. Box Number is Not Acceptable) <b>6101 Gazebo Park Pl N #101</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32257</b>	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSE bps</b>	<input type="checkbox"/> Delete	TITLE <b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARE, DONALD S JR</b>		NAME	
STREET ADDRESS <b>324 CHECKERBERRY WAY S.</b>		STREET ADDRESS	
CITY- ST- ZIP <b>JACKSONVILLE FL 32259</b>		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		