

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003808

Entity Name: D. I. EXPERTS, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

5940 PELICAN BAY PLAZA
APT. 704
GULFPORT, FL 33707

New Principal Place of Business:

1346 FALLSMEADE COURT
OLDSMAR, FL 34677

Current Mailing Address:

5940 PELICAN BAY PLAZA
APT. 704
GULFPORT, FL 33707

New Mailing Address:

1346 FALLSMEADE COURT
OLDSMAR, FL 34677

FEI Number: 20-0567472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERRY, THOMAS J
5940 PELICAN BAY PLAZA
APT. 704
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

SHERRY, THOMAS J
1346 FALLSMEADE COURT
OLDSMAR, FL 34677 US

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.

SIGNATURE: THOMAS J. SHERRY

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERRY, THOMAS J
Address: 5940 PELICAN BAY PLAZA, APT. 704
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERRY, THOMAS J
Address: 1346 FALLSMEADE COURT
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. SHERRY

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date