2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000041440

Entity Name: DCIPRO CORPORATION

Current Principal Place of Business:

1115 WINDY WILLOWS DR.
JACKSONVILLE, FL 32225

New Principal Place of Business:

6062 GLACIER DR
WESTMINSTER, CA 92683

Current Mailing Address:

1115 WINDY WILLOWS DR.
JACKSONVILLE, FL 32225

New Mailing Address:

6062 GLACIER DR
WESTMINSTER, CA 92683

FEI Number: 04-3786729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATES, DAVID C
1115 WINDY WILLOWS DR.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

MANESS, TOLLIVER D S
12634 GANDALF LN
JACKSONVILLE, FL 32225 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: TOLLIVER D.C. MANESS 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CATES, DAVID C
Address: 1115 WINDY WILLOWS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: CEO ( ) Delete
Name: CATES, DAVID C
Address: 1115 WINDY WILLOWS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: CATES, JACQUELYN D
Address: 1115 WINDY WILLOWS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete
Name: CATES, JACQUELYN D
Address: 1115 WINDY WILLOWS DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: MANESS, TOLLIVER
Address: 1115 WINDY WILLOWS DR.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID C. CATES P 04/29/2005
Electronic Signature of Signing Officer or Director Date