

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000075211

FILED
Nov 27, 2006
Secretary of State**Entity Name:** D.C.S.I., INC.**Current Principal Place of Business:**501 S. FALKENBURG RD.
SUITE C-23
TAMPA, FL 33619 US**New Principal Place of Business:****Current Mailing Address:**501 S. FALKENBURG RD.
SUITE C-23
TAMPA, FL 33619 US**New Mailing Address:****FEI Number:** 20-1101654**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CICCARELLO, DANIEL J
19649 DEER LAKE RD
LUTZ, FL 33548 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CEO () Delete
Name: CICCARELLO, DANIEL J
Address: 19649 DEER LAKE RD.
City-St-Zip: LUTZ, FL 33548 US**Title:** PRES () Delete
Name: CICCARELLO, DANIEL J
Address: 19649 DEER LAKE RD.
City-St-Zip: LUTZ, FL 33548 US**Title:** VPS () Delete
Name: BUTERA, IGNAZIO J
Address: 1505 HERITAGE DR.
City-St-Zip: VALRICO, FL 33594 US**Title:** VPFO () Delete
Name: RONDON, ELLIOT
Address: 701 SOMERSTONE DR.
City-St-Zip: VALRICO, FL 33594 US**Title:** SEC. () Delete
Name: CICCARELLO, DANIEL J
Address: 19649 DEER LAKE DR.
City-St-Zip: LUTZ, FL 33548**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:** VPFO (X) Change () Addition
Name: CORYEA, MATHEW
Address: FOWLER AVE.
City-St-Zip: THONOTOSASSA, FL 33592 US**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 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: DANIEL CICCARELLO

CEO

11/27/2006

Electronic Signature of Signing Officer or Director_____
Date