2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075211

Entity Name: D.C.S.I., INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
501 S. FAL	KENBURG RE).			
SUITE C-2 TAMPA, FI		.			
,	lailing Addres		New Mailing Addres	ze.	
ourrent in	idiling Addres		New Maining Address		
501 S. FAL SUITE C-2 TAMPA, FI					
FEI Number:	: 20-1101654	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
CICCARFI	LLO, DANIEL J				
	ER LAKE RD				
	named entity se of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIREC	ΓORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name:	CICCARELLO, I		Title: Name:	() Change () Addition	
Address: City-St-Zip:	19649 DEER LA LUTZ, FL 3354		Address: City-St-Zip:		
Title:	PRES ()	Delete	Title:	() Change () Addition	
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	CICCARELLO, I		Name:	() change () hadran	
Address:	19649 DEER LA LUTZ, FL 3354	AKE RD.		() Change () Addition	
Address: City-St-Zip:	19649 DEER LA LUTZ, FL 3354	AKE RD.	Name: Address:	() Change () Addition	
Address: City-St-Zip: Title: Name:	19649 DEER LA LUTZ, FL 3354 VPS () BUTERA, IGNAZ	KE RD. 8 US Delete ZIO J	Name: Address: City-St-Zip: Title: Name:		
Address: City-St-Zip: Title: Name: Address:	19649 DEER LA LUTZ, FL 3354 VPS ()	KERD. 8 US Delete ZIO J E DR.	Name: Address: City-St-Zip: Title:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	19649 DEER LA LUTZ, FL 3354 VPS () BUTERA, IGNAZ 1505 HERITAGI VALRICO, FL 3	KERD. 8 US Delete ZIO J E DR.	Name: Address: City-St-Zip: Title: Name: Address:		
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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: DANIEL CICCARELLO CEO 02/08/2008