

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000095336

1. Entity Name
DIOSY CORPORATION



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90303 029 ***150.00

20038743



03312005 Chg-P CR2E034 (10/03)

| | | | |
|------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|
| Principal Place of Business | | Mailing Address | |
| 6821 W HILLSBOROUGH AVE SUITE 6 TAMPA, FL 33634 | | 6821 W HILLSBOROUGH AVE SUITE 6 TAMPA, FL 33634 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| <p>HYDE PARK ACCOUNTANTS PA 2305 W. MORRISON AVE TAMPA, FL 33629</p> | | | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | |
| FL Zip Code | | | |

4. FEI Number
20-1272825 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|

| | | | | |
|------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VENTO, DIOSY 6821 W HILLSBOROUGH AVE SUITE 6 TAMPA, FL 33634 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #