


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90269 026 ***150.00

DOCUMENT # P04000136383 1. Entity Name DARTELLA ENTERTAINMENT, INC.						
Principal Place of Business 625 CT ST STE 200 CLEARWATER, FL 33756			Mailing Address 625 CT ST STE 200 CLEARWATER, FL 33756			
2. Principal Place of Business 983 S. Beneva Rd. Suite, Apt. #, etc.			3. Mailing Address 983 S. Beneva Rd. Suite, Apt. #, etc.			
City & State Sarasota, FL Zip 34232 Country			City & State Sarasota, FL Zip 34232 Country			
4. FEI Number 27-0107225				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 CT ST STE 200 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (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	DPS KEMPLIN, MICHAEL 95TH ST CIR E BRADENTON, FL 34202		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	983 S. Beneva Rd. Sarasota, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: X Michael W. Kemplin Michael W. Kemplin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date 4-15-05 Daytime Phone # X941-756-4777						