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Secretary of State
05-20-2005 90034 023 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145236

1. Entity Name
DB INC OF CENTRAL FLORIDA

Principal Place of Business
P.O BOX 561129
ORLANDO, FL 32856

Mailing Address
P.O BOX 561129
ORLANDO, FL 32856

04042006 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number x 75-3169770 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRACHT, DARYL
P.O BOX 561129
ORLANDO, FL 32856

7. Name and Address of New Registered Agent
Name: Bracht, Daryl
Street Address (P.O. Box Number is Not Acceptable): 3511 Conway Gardens Rd
City: Orlando FL Zip Code 32806

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 BRACHT, DARYL P.O BOX 561129 ORLANDO, FL 32856 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Daryl L Bracht 3511 Conway Gardens Rd Orlando FL 32806 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 [signature] 8-29-05 321-239-0753
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #