


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 025 ***158.75

DOCUMENT # P04000163290	
1. Entity Name DSW REALTY, INC.	

Principal Place of Business 517 DELTONA BLVD. SUITE C DELTONA, FL 32725	Mailing Address 517 DELTONA BLVD. SUITE C DELTONA, FL 32725
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2. Principal Place of Business 517 Deltona Blvd.	3. Mailing Address 517 Deltona Blvd.
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Deltona FL	City & State Deltona FL
Zip 32725 Country USA	Zip 32725 Country USA



01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WILKERSON, DONNA S 3691 SANDLOR DRIVE DELTONA, FL 32738	
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7. Name and Address of New Registered Agent Name Wilkerson, Donna S Street Address (P.O. Box Number is Not Acceptable) 3240 Butterfield St City Deltona FL Zip Code 32738	
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKERSON, DONNA S 3691 SANDLOR DRIVE DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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: Donna Wilkerson Donna Wilkerson 1.16.06 396 574.8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #