



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90094 011 \*\*\*150.00

<b>DOCUMENT # P04000164386</b> 1. Entity Name DCFN FINANCIAL CORPORATION																													
Principal Place of Business 5700 N.W. 61 PLACE PARKLAND, FL 33067			Mailing Address 5700 N.W. 61 PLACE PARKLAND, FL 33067																										
2. Principal Place of Business 7152 NW 71 Terrace Suite, Apt. #, etc.		3. Mailing Address 7152 NW 71 Terrace Suite, Apt. #, etc.																											
City & State Parkland, FL Zip 33067 Country US		City & State Parkland, FL Zip 33067 Country US		4. FEI Number 20-1988444																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent GARY COOPER, CPA, PA 5700 N.W. 61 PLACE PARKLAND, FL 33067			7. Name and Address of New Registered Agent Name Gary Cooper, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 7152 NW 71 Terrace City Parkland FL Zip Code 33067																										
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: <i>Gary Cooper</i> DATE: 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
<b>FILE NOW!!! FEE IS \$950.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME COOPER, GARY M</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5700 N.W. 61 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>PARKLAND, FL 33067</td> <td></td> </tr> </table>			TITLE	P	NAME COOPER, GARY M	<input type="checkbox"/> Delete	STREET ADDRESS		5700 N.W. 61 PLACE		CITY-ST-ZIP		PARKLAND, FL 33067		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME Gary M Cooper</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>7152 NW 71 Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>Parkland, FL 33067</td> <td></td> </tr> </table>			TITLE	P	NAME Gary M Cooper	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		7152 NW 71 Terrace		CITY-ST-ZIP		Parkland, FL 33067	
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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: <i>Gary Cooper</i> DATE: 5/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													