
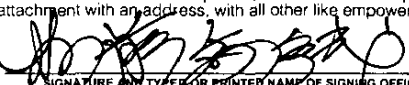


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90076 006 \*\*\*150.00

<b>DOCUMENT # P05000059313</b> 1. Entity Name <b>DNT INSTITUTE INCORPORATED</b>					
Principal Place of Business <b>1750 SW HEALTH PARKWAY BUILDING 2 NAPLES, FL 34109</b>			Mailing Address <b>P.O. BOX 112233 NAPLES, FL 34108</b>		
2. Principal Place of Business - No P.O. Box # <b>1750 SW Health Pkwy</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Naples FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-2752666</b>	
Zip <b>34109</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KATO-FRIESS, KAORI PH.D. C/O SACHIE TAKAGI C.P.A., P.A. 555 NW 165 AVENUE PEMBROKE PINES, FL 33028</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KATO-FRIESS, KAORI PH.D.</b> <b>PO BOX 112233</b> <b>NAPLES, FL 34108</b> <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	<b>VP</b> <b>FRIESS, JAMES D M.A.T.</b> <b>PO BOX 112233</b> <b>NAPLES, FL 34108</b> <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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> 			<b>4-11-2007</b> (239) 566-7717		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40075521



04122007 Chg-P CR2E034 (12/06)