

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084142

**FILED**  
**Mar 25, 2006**  
**Secretary of State**

**Entity Name:** D.G. PROCUREMENT MANAGEMENT REVIEW SERVICES INC.

**Current Principal Place of Business:**

3088 FINSTERWALD DR  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

904 S ROSELLE RD  
# 133  
SCHAUMBURG, IL 60193

**New Mailing Address:**

**FEI Number:** 36-0713965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY  
STE 300  
TAMPA, FL 336372087 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GAGLIARDI, DENNIS G  
Address: 904 S ROSELLE RD - # 133  
City-St-Zip: SCHAUMBURG, IL 60193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GAGLIARDI, DENNIS G  
Address: 3088 FINSTERWALD DR  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GAGLIARDI

PRES

03/25/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date