FILED May 04, 2006 8:00 am Secretary of State

2006	FUK PRUFI	I CURPUR	AIIUN
	ANNUAL	. REPORT	

2811 SW ARCHER RD B-11 GAMESVILLE, FL 32508 US GAMESVI	DOCUMENT # P05000086765 1. Entity Name DATA PROCESSING GROUP, INC.				05-04-2006 90227 003 ***150.00		
CAMESVILLE, FL 32608 US 2. Principal Piace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, e	2811 SW ARCHER RD 2811 SW ARCHER RD						
Suite, Apt. 9, etc. Country Country Country Country S. Certificate of Status Desired S8.75 Addition See Registered Agent			608 US				
City & State City & State City & State City & State City & State Country S. Conflicted of Status Desired S8.75 Additional Fee Required S8.75	2. Principal Place of Business 3. Mailing Address						
Country	Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.		02222006 Chg-P CR2E034 (11/05)		
Country	City & State	City & State			4. FEI Number Applied For Not Applicable		
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above reared 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 and the flughted with the obligations of registered agent and the flughted agent and flughted agent and the flughted agent and the flughted agent and flughted agent and the flughted agent and flughted agent and the flughted agent and flughted agent a		6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent		
B-11 GAINESVILLE, FL 32608 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campeign Financing Trust Fund Commodition. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OCO. OFFICERS AND DIRECTORS SIGNAMA GEAL IS WARCHER RD B-11 TILE ONLY IS TO Delete TILE OCO. OFFICERS AND DIRECTORS IN 11 TILE OCO. OFFICERS AND DIRECTORS SIGNAMA SIREST ADDRESS OUT ST-2P GAINESVILLE, FL 32608 TILE OCO. OFFICERS AND DIRECTORS IN 11 TILE OCO. OFFICERS AND DIRECTORS SIGNAMA SIREST ADDRESS OUT ST-2P TILE OCO. OFFICERS AND DIRECTORS SIGNAMA SIREST ADDRESS OUT ST-2P TILE OCO. OFFICERS AND DIRECTORS IN 11 TILE OCO. OFFICERS AND DIRECTORS SIGNAMA SIREST ADDRESS OUT ST-2P TILE OCO. OCO. OCO. OCO. OCO. OCO. OCO. OCO	GLEASON	, JOSEPH R		1			
GAINESVILLE, FL 32608 City FL Zip Code 8. The above neared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, by both in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Control		RCHER RD		Street A	ddress (P.O. Box Number is Not Acceptable)		
B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the part o		LLE, FL 32608					
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