

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099584

FILED
Apr 29, 2009
Secretary of State

Entity Name: DPI INTEGRATED SYSTEMS, INC.

Current Principal Place of Business:

2910-7 COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

9489 CALLIANDRA DRIVE
BOYNTON BEACH, FL 33436

Current Mailing Address:

2910-7 COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426

New Mailing Address:

PO BOX 24-4203
BOYNTON BEACH, FL 33424

FEI Number: 33-1122122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLECCHIA, DOUGLAS
2910-7 COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

PELLECCHIA, DOUGLAS
9489 CALLIANDRA DRIVE
BOYNTON BEACH, FL 33436 US

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: DOUGLAS PELLECCCHIA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PELLECCCHIA, DOUGLAS
Address: 2910-7 COMMERCE PARK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP () Delete
Name: PELLECCCHIA, ELLEN
Address: 2910-7 COMMERCE PARK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T, S () Delete
Name: PELLECCCHIA, ELLEN
Address: 2910-7 COMMERCE PARK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PELLECCCHIA, DOUGLAS
Address: 9489 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP (X) Change () Addition
Name: PELLECCCHIA, ELLEN
Address: 9489 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T, S (X) Change () Addition
Name: PELLECCCHIA, ELLEN
Address: 9489 CALLIANDRA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS PELLECCCHIA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date