

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099584

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** DPI INTEGRATED SYSTEMS, INC.

**Current Principal Place of Business:**

9489 CALLIANDRA DRIVE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24-4203  
BOYNTON BEACH, FL 33424

**New Mailing Address:**

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  
9489 CALLIANDRA DRIVE  
BOYNTON BEACH, FL 33436 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PELLECCHIA, DOUGLAS  
Address: 9489 CALLIANDRA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP  
Name: PELLECCHIA, ELLEN  
Address: 9489 CALLIANDRA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T, S  
Name: PELLECCHIA, ELLEN  
Address: 9489 CALLIANDRA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS PELLECCHIA

P

04/26/2011

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

\_\_\_\_\_ Date