2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

ANNUAL REPORT			_	Secretary of Stat		
DOCUMENT # P0500013422 1. Enlity Name D P TOOLS INC	6		NA PARTIES AND PAR	S	ecretary of Stat	
3954 CHAUCER LANE	lailing Address 1954 CHAUCER LANE SARASOTA, FL 34241			II 88181 8111) 88111 88111 88	NIBI YARRANIN BIRIG YARRANDA BINGJI IF IBBI	
DO NOT WRITE II		CE	03312007 4. FEI Numb 20-354	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIKE, BETH K 3954 CHAUCER LANE SARASOTA, FL 34241				NOT W THIS SI		
8. The above named entity submits this statement for the part the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		ed Ageni signature requir			Orida. I am familiar with, and accept	
10. OFFICERS AND DIRE TITLE NAME SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS			NOT W		
STREET ADDRESS CITY-ST-ZIP						

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

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/09 374-201 Dayling Phone #