

**2007-FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000153864

1. Entity Name

DSS & ASSOCIATES, INC.



Principal Place of Business

4833 CYPRESS WOODS DR #4208  
ORLANDO FL 32811

Mailing Address

4833 CYPRESS WOODS DR #4208  
ORLANDO FL 32811

2. Principal Place of Business - No P.O. Box #

4014 BILLINGSGATE RD 4014 BILLINGSGATE RD  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32839

City & State

Orlando, Florida

Zip

7515

Country

orange

Zip

32839-7515

Country

orange

4. FEI Number

01-0853500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAIKH, HABIB  
4833 CYPRESS WOODS DR #4208  
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
May 18, 2007 8:00 am  
Secretary of State**

05-18-2007 90023 006 \*\*\*150.00



1st MOORE CR2E034 (10/06)

april 30 2007 (407) 849-6796  
Date Daytime Phone #