2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P06000052964

Entity Name: DISASTER SOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

284 ST. THOMAS AVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

124-A CLEVELAND ROAD
NORWALK, OH 44857

New Mailing Address:

8109 NETWORK DRIVE
PLAINFIELD, IN 46168

FEI Number: 74-3176170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, LISA F
1004 DESOTO PK DR
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BITTING, DON
Address: 508 OLD APEX RD
City-St-Zip: CARY, NC 27511

Title: D ( ) Delete
Name: HARRIS, JOHN D
Address: 514 GIBBS
City-St-Zip: PLAINFIELD, IN 46168

Title: D ( ) Delete
Name: JONES, DARRYL
Address: 508 OLD APEX RD
City-St-Zip: CARY, NC 27511

Title: D ( ) Delete
Name: PALAZZO, JOSEPH M
Address: 284 ST. THOMAS AVE
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: PINSON, RAYMOND E
Address: P.O.BOX 20246
City-St-Zip: ST SIMMONS ISLAND, GA 31522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN D HARRIS D 07/07/2008

Electronic Signature of Signing Officer or Director Date