

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052964

Entity Name: DISASTER SOLUTIONS INTERNATIONAL, INC.

FILED  
Jun 14, 2011  
Secretary of State

**Current Principal Place of Business:**

284 ST. THOMAS AVE  
KEY LARGO, FL 33037

**New Principal Place of Business:****Current Mailing Address:**

8109 NETWORK DRIVE  
PLAINFIELD, IN 46168

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: HARRIS, JOHN D  
Address: 8109 NETWORK DRIVE  
City-St-Zip: PLAINFIELD, IN 46168

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

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

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

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: PAUL MCJUNKIN

CFO

06/14/2011

Electronic Signature of Signing Officer or Director

Date