


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90203 007 \*\*\*150.00

<b>DOCUMENT # P06000137759</b> 1. Entity Name <b>D-SITE, INC.</b>					
Principal Place of Business <b>2365 LAKEVIEW AVENUE CLERMONT, FL 34711 US</b>			Mailing Address <b>308 BRETT DRIVE GRETN, LA 70056 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1111 South Peters</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 206</b>			
City & State		City & State <b>New Orleans, LA</b>			
Zip	Country	Zip <b>70130</b>	Country <b>USA</b>	4. FEI Number <b>51-0608294</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROCKLEBANK, DANA 2365 LAKEVIEW AVENUE CLERMONT, FL 34711</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST BROCKLEBANK, DANA 308 BRETT DRIVE GRETN, LA 70056</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Brocklebank, Dana 1111 South Peters Suite 206 New Orleans, LA 70130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROCKLEBANK, DANA 308 BRETT DRIVE GRETN, LA 70056</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Brocklebank, Dana 1111 South Peters Suite 206 New Orleans, LA 70130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Dana Brocklebank</u> <b>DANA Brocklebank, pres.</b>			Date <u>4-15-2007</u> Daytime Phone # <u>504-473-2611</u>		