

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109908

FILED
Apr 26, 2010
Secretary of State

Entity Name: DEALER SERVICE MENUS INC.

Current Principal Place of Business:

118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 33-1191838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRODE, BARRY L
118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SHRODE, BARRY L
Address: 118 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ST
Name: SHRODE, DONNA J
Address: 118 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP
Name: LUSTIG, HARVEY
Address: 7888 NEW HOLLAND WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: M
Name: CORBO, STACY A
Address: 300 G LAKEVIEW CIRCLE
City-St-Zip: MARGATE, FL 33065

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: BARRY L. SHRODE

PRES

04/26/2010

Electronic Signature of Signing Officer or Director

Date