2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P31972 1. Entity Name DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST, INC.						04-17-20	006 90400 ()28 ****6	51.25	
Principal Place 3725 ALEXAI COLD SPRINC	ndria Pike	Mailing Address 3725 ALEXANDRIA PII COLD SPRING, KY 410	5 ALEXANDRIA PIKE							
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address							
		Suite, Apt. #, etc.	·			Chg-NP	CR2E03	37 (11/05)		
City & State		City & State			4. FEI Numb 52-152				plied For at Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificati	of Status Desire		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				Nome	7. Name an	7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
	,									
				City FL Z			Zip Cod	е		
	named entity submits this statement folions of registered agent.	or the purpose of changing it	s registere	d office or re	egistered agent, or b	oth, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE .										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	e required when reinstating)		DATE			
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and tille if applicable. (NO 9. Election Ca Trust Fund	ampaign Fir	nancing _	_ \$5.00 May	Be s	Make checi Florida Depar			
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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 617, 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

Richard E. Marbes

4/13/06

(859) 441-7300

Date

Daytime Phone #