

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000021787

1. Entity Name
DECISION MANAGEMENT INTERNATIONAL, INC.



Principal Place of Business

1111 3RD AVE WEST
STE 250
BRADENTON, FL 34205 US

Mailing Address

1111 3RD AVE WEST
250
BRADENTON, FL 34205 US



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0412923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRYWALSKI, FRANK
1111 3RD AVE W., STE 200
BRADENTON, FL 34205

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GATES, PETER
STREET ADDRESS	16 LAUREL AVE STE 150
CITY-ST-ZIP	WELLESLEY HILLS, MA 02481
TITLE	D
NAME	DENNY, GEORGE P
STREET ADDRESS	500 BOYSLTON STREET STE 1880
CITY-ST-ZIP	BOSTON, MA 02110
TITLE	PD
NAME	GRYWALSKI, FRANK
STREET ADDRESS	3470 BALLYBRIDGE CIRCLE #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/05-80014-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Frank Grywalski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

941-748-8100

Daytime Phone #