

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088892

Entity Name: DSB ENTERPRISES, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

19340 GULF BLVD.
SUITE 201
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

19340 GULF BLVD.
SUITE 201
INDIAN SHORES, FL 33785 US

New Mailing Address:

FEI Number: 59-3283395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF HAROLD V. HICKEY, P.A.
890 S. DIXIE HWY.
CORAL GABLES, FL 33146 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: PSTD () Delete
Name: BOYD, J. DEAN
Address: 19340 GULF BLVD, #201
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD () Delete
Name: BOYD, STEVEN C
Address: 9000 COMMODORE DR #405
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOYD, STEVEN C
Address: 7420 SW 120 AVE N
City-St-Zip: LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J DEAN BOYD

PSTD

04/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date