


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000090925</b> 1. Entity Name DATABASE FINANCIAL SERVICES, INC.			
Principal Place of Business 1004 COLLIER CENTER WAY #201 NAPLES, FL 34110		Mailing Address 1004 COLLIER CENTER WAY #201 NAPLES, FL 34110 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0538641 Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOVELL, ROBERT B 1004 COLLIER CENTER WAY #201 NAPLES, FL 34110		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000540580 05/10/06-80023-024 150.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT LOVELL 1004 COLLIER CENTER WAY, #201 NAPLES, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELL, JANET L 1004 COLLIER CENTER WAY, #201 NAPLES, FL 34110		
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<b>DO NOT WRITE IN THIS SPACE</b>			
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.			
SIGNATURE: <u>Robert B. Lovell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/06 231-597-9990 <small>Date Daytime Phone #</small>	