2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000052193 1. Entity Name DGL SOLUTIONS, INC.



Principal Place of Business

6221 14TH ST W

SUITE 101

BRADENTON, FL 34207

Mailing Address

6221 14TH ST W

SUITE 101

BRADENTON, FL 34207

FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90166 037 ***150.00

ყգրըսստա



04092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0683902

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LAPP, DONALD G 6221 14TH ST W **SUITE 101** BRADENTON, FL 34207

DO NOT WRITE 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 i	applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE	
		Election Campaign Trust Fund Contribut				. 10
.10%	* OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-2IP	PSD LAPP, DONALD G 622 SAND CRANE CT. BRANDENTON, FL 34212					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T LAPP, RONDA L 622 SAND CRANE CT BRADENTON, FL 342 0 2					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAPP, CHAD M 430 LAFAYETTE DR. BRICK, NJ 08723		,	DO	NOT WRITE	ند ين <u>د</u> سو نمو يو يه ۱۳۳۰ ن
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIEGER, HEATHER D 220 STATION AVE. N. HILLS, PA 19038	.,,		IN 7	THIS SPACE	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, at A	4		
TAL INCREDY (certify that the information supplied with this fil	ing opes not quality for th	e exemption stater	n in Section 119 07/3\/i	 Florida Statutos, I further cortify that the 	information

indicated on this report or subplemental report is five 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:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #