2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000052193

1. Entity Name
DGL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6513 14TH STREET WEST SUITE 129 BRADENTON, FL 34207 US	6513 14TH STREET WEST SUITE 129 BRADENTON, FL 34207 US

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

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

LAPP, DONALD G
6513 14TH STREET WEST
SUITE 129
BRADENTON, FL 34207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000559865
05/18/06-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LAPP, DONALD G
STREET ADDRESS	622 SAND CRANE CT.
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	V/T
NAME	LAPP, RONDA L
STREET ADDRESS	622 SAND CRANE CT
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	V
NAME	LAPP, CHAD M
STREET ADDRESS	430 LAFAYETTE DR.
CITY-ST-ZIP	BRICK, NJ 08723
TITLE	V
NAME	ZIEGER, HEATHER D
STREET ADDRESS	220 STATION AVE.
CITY-ST-ZIP	N. HILLS, PA 19038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Don Lapp 5/1/06 941.753.0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #