2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P96000052193** 04-30-2007 90826 037 ***150.00 DGL SOLUTIONS, INC. Principal Place of Business Mailing Address 6513 14TH STREET WEST 6513 14TH STREET WEST **SUITE 129** SUITE 129 BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01092007 Applied For City & State City & State 4 FELNumber 65-0683902 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAPP, DONALD G Street Address (P.O. Box Number is Not Acceptable) **SUITE 129** BRADENTON, FL 34207 City Zip Code 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 2 Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Delete TITLE Change Addition LAPP, DONALD G NAME NAME 622 SAND CRANE CT. STREET ADORESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL- 34212 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LAPP, RONDA L NAME STREET ADDRESS **622 SAND CRANE CT** STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 BRADENTON, FL 34212 TITLE Delete TITLE Change ■ Addition LAPP, CHAD M NAME NAME STREET ADDRESS 430 LAPAYETTE DR. STREET ADDRESS 72 CENTER ST. CITY-ST-ZIP BRICK, NJ 08723 CITY-ST-ZIP MIDLAND PARK. 07432 ☐ Delete ΠΠF TITLE Thange Addition NAME ZIEGER, HEATHER D NAME 828 N. FAIRWAY RA. STREET ADDRESS 220 STATION AVE. STREET ADORESS CITY-ST-ZIP N_HILLS, PA 10036 CITY-ST-ZIP 19038 NORTH HILLS, PA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CTTY-ST-ZIP 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 trusted 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 line empowered.

FILED

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