


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000088030	
1. Entity Name DOMAIN REGISTRATION SERVICES, INC.	

Principal Place of Business 6791 SE TWIN OAKS CIRCLE STUART, FL 34997 US	Mailing Address PO BOX 2049 PALM CITY, FL 34991 US
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0705949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEAUMONT, ANTHONY D 6791 SE TWIN OAKS CIRCLE STUART, FL 34997	DO NOT WRITE IN THIS SPACE
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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 *Anthony D Beaumont* **ANTHONY D BEAUMONT** *PRESIDENT* **5-12-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUMONT, ANTHONY D 6791 SE TWIN OAKS CIRCLE STUART, FL 34997
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06/04/08-80042-008 150.00

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: *Anthony D Beaumont* **5-12-08** **772-219-8368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #