


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000020242	
1. Entity Name DSPS, INC.	

Principal Place of Business VIA GALLIERA, 21 40050 FUNO BOLOGNA, ITALY,	OC	Mailing Address C/O AMA UNIVERSAL 11438-W CROWNDRIDGE DR. OWINGS MILLS, MD 21117
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ALTERMAN, LEONARD ESQ.
9116 CYPRESS GREEN DRIVE
SUITE 207
JACKSONVILLE, FL 32256**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TAMPIERI, MR. VIA GALLIERA, 21 40050 FUNO BOLOGNA, ITALY,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP FRANKLIN, JOEL 11438-W CROWNDRIDGE DR. OWINGS MILLS, MD 21117
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IN THIS SPACE**

U00000432737
02/23/06-80078-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06

Date

443-394-0533

Daytime Phone #