

APPROVEL

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000043598 08 APR 22 AM 8: 13 1. Entity Name DSM.NET, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business より P.O. BOX 93160 6810 NEW TAMPA HWY LAKELAND, FL 33804 600 LAKELAND, FL 33815 No Chg-P CR2E034 (11/05) 01252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3592671 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRELL, EDUARDO F ESQ. DO NOT WRITE 187 LAKE MORTON DRIVE LAKELAND, FL 33801 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) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May \$500128788695 Added to P\$ 708 708 - 01006 - 007 **288.75 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROBINSON, JAMES D SR NAME STREET ADDRESS 3626 BUNKER RD CITY-ST-ZIP LAKELAND, FL 33811 TITLE NAME STREET ADDRESS CiTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-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 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 STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

:

Daytime Phone #