


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90091 031 ***150.00

DOCUMENT # P97000048652	
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1. Entity Name DUTRO SYSTEMS, INC.	Principal Place of Business 1730 ALT HWY 19 SOUTH SUITES J&K TARPON SPRINGS, FL 34689 US	Mailing Address 1730 ALT HWY 19 SOUTH SUITES J&K TARPON SPRINGS, FL 34689 US
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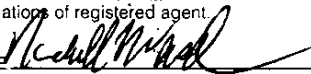


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02212007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent VINCENT, MICHAEL S 2106 DREW ST SUITE 102 CLEARWATER, FL 33765	7. Name and Address of New Registered Agent Name RANDALL L. WEISEL Street Address (P.O. Box Number is Not Acceptable) 14180 MARK DR City LARGO FL Zip Code 33774
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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  **RANDALL L. WEISEL** 4-2-07
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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISEL, RANDALL L 14180 MARK DR LARGO, FL 33774 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **RANDALL L. WEISEL** 4-2-07 727-939-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #