2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000056513

1. Entity Name
DLS BOOKS, INC.

Principal Place of Business	Mailing Address
431 MADISON DR. SHREWSBURY, PA 17361 US	431 MADISON DR. SHREWSBURY, PA 17361 US

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0770932	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUPIEN, DALE
3601 N. PARK ROAD
HOLLYWOOD, FL 33021

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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 _(signature)_

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)

DATE 1/18/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000191004
01/24/05-80157-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, DEBBIE L
STREET ADDRESS	431 MADISON DR.
CITY-ST-ZIP	SHREWSBURY, PA 17361
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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)_ Debbie Smith   1/18/05   717-227-9576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #