2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106414

Entity Name: D.S.C.S. INC.

FILED Mar 09, 2007 Secretary of State

Littly Nai	ile. D.S.C.S. INC.					
Current P	rincipal Place of Bu	siness:	New Princ	New Principal Place of Business:		
P.O. BOX A JACKSON	440023 VILLE, FL 32222			8933 TRILBY AVE. JACKSONVILLE, FL 32222		
Current M	ailing Address:		New Maili	New Mailing Address:		
P.O. BOX A JACKSON	440023 VILLE, FL 32222					
FEI Number:	59-3497371 FEI N	umber Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROBERTS 8933 TRILI JACKSON	ŚY AVE	JS				
	named entity submits of Florida.	s this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUF	RE:					
	Electronic Sigr	ature of Registered Ag	ent		Date	
Election Car	npaign Financing Trust	Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete ROBERTS, DENNY 4615 TARA WOODS DE JACKSONVILLE, FL 32		Title: Name: Address: City-St-Zip:	ROBERTS, D 8933 TRILBY		
Title: Name: Address: City-St-Zip:	VP () Delete ROBERTS, VICKI 4615 TARA WOODS DE JACKSONVILLE, FL 32		Title: Name: Address: City-St-Zip:	ROBERTS, V 8933 TRILBY		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	ROBERTS, S 7440 PLANTA	()Change(X)Addition ETH ATION BAY APT. #704 .LE, FL 32244	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	PIERCE, SAN 6871 PLUM L		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNY ROBERTS PRES 03/09/2007