2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000081

220 MANSION HOUSE DR

WEST CHESTER, PA 19382

Address: City-St-Zip:

Entity Name: DENCOR MANAGEMENT SERVICES, INC

FILED Apr 10, 2006 Secretary of State

•			,			
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 202						
ST PETER	RSBURG, FL 3	3701 US				
Current Mailing Address:				New Mailing Address:		
SUITE 202	STREET SOUTH SSBURG, FL 33					
FEI Number:	: 59-3484772	FEI Number App	ied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
SUITE 202 ST PETER The above	STREET SOUTH 2 RSBURG, FL 33	3701 US	ment for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RF.					
01011/1101		c Signature of R	egistered Age	ent	 Date	
Election Car		Trust Fund Contri	•			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCD () APPLE, PHILLIF 6759 FIRST AVE ST PETERSBUR	NUE SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POWELL, PHILI	T SOUTH SUITE 20	2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () MCCALL, JAME	Delete S D		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PHILIP J POWELL P 04/10/2006