2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000081

220 MANSION HOUSE DR

WEST CHESTER, PA 19382

Address: City-St-Zip:

FILED Apr 19, 2009 Secretary of State

Entity Nan	ne: DENCOR	R MANAC	GEMENT SERVICES,	INC.					
Current Principal Place of Business:					New Principal Place of Business:				
SUITE 202	TREET SOUT SBURG, FL 3		US		6830 CENT SUITE C ST PETER:		33707	US	
Current Mailing Address:					New Mailing Address:				
SUITE 202	TREET SOUT SBURG, FL 3 59-3484772	33701	US mber Applied For ()	FEI Nun	6830 CENT SUITE C ST PETER:	SBURG, FL		US cate of Status D	esired()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
POWELL, PHILIP J 125 5TH STREET SOUTH SUITE 202 ST PETERSBURG, FL 33701 US					POWELL, PHILIP J 6830 CENTRAL AVE SUITE C ST PETERSBURG, FL 33707 US				
The above in the State		submits t	this statement for the p	ourpose o	f changing it	s registered	d office or	registered ag	ent, or both,
SIGNATURE:					04/19/2009				
Electronic Signature of Registered Agent					Date				
Election Can	npaign Financing	g Trust Fu	und Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SCD () APPLE, PHILLI 6759 FIRST AV ST PETERSBU	'ENUE SO			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	TPD () POWELL, PHIL 125 5TH STREI ST PETERSBU	ET SOUTH			Title: Name: Address: City-St-Zip:	TPD POWELL, P 6830 CENTF ST PETERS	HILIP J RAL AVE SU		
Title: Name:	D () MCCALL, JAME) Delete ES D			Title: Name:		() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify 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 **PRES** 04/19/2009