

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081932

FILED  
Jun 28, 2009  
Secretary of State

Entity Name: DPRE CORPORATION

**Current Principal Place of Business:**

3866 SAN LORENZO DRIVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

3866 SAN LORENZO DRIVE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

P.O. BOX 47209  
TAMPA, FL 33646 US

FEI Number: 65-0865284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, PAULA A  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD ( ) Delete  
Name: MILLER, EMILY H  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete  
Name: MILLER, DAWN L  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: MILLER, RUSSELL K  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: MILLER, RACHAEL R  
Address: 3866 SAN LORENZO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: EMILY H. MILLER

STD

06/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date