## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 07, 2006 8:00 am Secretary of State

## 08-07-2006 90040 020 \*\*\*150.00 DOCUMENT # P99000017419 1. Entity Name DOCUMENT STORAGE SERVICES, INC. 50024381 Principal Place of Business Mailing Address 1531 NW 3RD STREET, STE, 13 1531 NW 3RD STREET, STE, 13 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 22-3590964 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORGENSEN, ROBERT SR. 4 Street Address (P.O. Box Number is Not Acceptable) 1531 NW 3RD STREET, STE. 13 DEERFIELD BEACH, FL 33442 City Zip Code 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, typed or primed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607,193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE BH 2 Detece Chance Addition **NAME** JORGENSEN, ROBERT NAME 1531 NW 3RD STREET, STE. 13 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CIY-SI-ZIP CITY-ST-7IP T ILE ☐ Delete Change TITLE Addition JORGENSEN, PATRICIA L 1531 NW 3RD STREET, STE 13 STREET ADDRESS STREET ADDRESS CIY-SI-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP

T. TLE Delete TITLE Chance Addition NAME JORGENSEN, GARY NAME STREET ADDRESS 1531 NW 3RD STREET, STE 13 STREET ADDRESS CIY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP T TLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJY-ST-Z-P City-St-7P TIDE .... Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CIY-SI-ZIP CITY-SE-ZIP THILE Delete DILE П Спалое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIY-SI-ZIP CITY-SI-7/P

12. Thereby certify that the information supplied with this filing coes not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is two 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 turson strongered 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 accress, who all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR DELIVIED NAME OF SIGNING OFFICER OR DIRECTOR

-fine of

954.570.6864

Daytime Phone #