
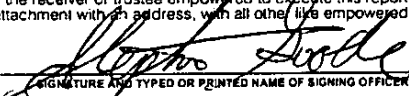


FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 045 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000054514			
1. Entity Name D B S CONNECTION, INC.			
Principal Place of Business 23341-D SW 55TH WAY SUITE D BOCA RATON, FL 33433		Mailing Address 23341-D SW 55TH WAY SUITE D BOCA RATON, FL 33433	
2. Principal Place of Business 5460 NW 55 BLVD		3. Mailing Address 5460 NW 55 BLVD	
Suite, Apt. #, etc. #107		Suite, Apt. #, etc. #107	
City & State COCONUT CREEK FL		City & State COCONUT CREEK FL	
Zip 33073		Zip 33073	
Country		Country	
4. FEI Number 65-0929303		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODE, STEPHEN 23341 D SW 55TH WAY BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name GOODE, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 5460 NW 55 BLVD #107 City COCONUT CREEK FL Zip Code 33073	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRES STEPHEN, GOODE 23341 SW 55TH WAY STE D BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5460 NW 55 BLVD #107 COCONUT CREEK FL 33073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does 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 true 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 trustee empowered 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 address, with all other life empowered.			
SIGNATURE: 		4/28/06 561-483-2222	