2008 FOR PROFIT CORPORATION

FILED Jan 25, 2008 08:00 Al ate

ANNUAL REPORT				_	C C C 4
DOCUMENT # P99000062056 1. Entity Name DYCORP, INC.					Secretary of St
Principal Plac 1445 ROSEV DUNEDIN, FL	NOOD AVE	Mailing Address 1445 ROSEWOOD AVE DUNEDIN, FL 34698			
C	OO NOT WRITE		CE	01182008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S5-0939528 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYSON, RICK 1445 ROSEWOOD AVE DUNEDIN, FL 34698					NOT WRITE THIS SPACE
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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees	U00000798379 01/30/08-80024-022 150.00
10. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP	PCEO DYSON, RICK 1445 ROSEWOOD AVE DUNEDIN, FL 34698	RECTORS			NOT WRITE THIS SPACE
NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRUMED NAME OF SIGNING OFFICER OR DIRECTOR