2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P99000089136 1. Entity Name DATA BASE STORES, INC.						7 90060 034 ***1	50.00
Principal Place of Business 4806 N COMMERCIAL BLVD FORT LAUDERDALE, FL 33319 Mailing Address 4806 N COMMERCIAL BLVD FORT LAUDERDALE, FL 33319				400		# 1871 III/8 III/8 III/8 III/8 II	11 69) 11 1 16 1
2. Principal P 221 Suite. Apt.	lace of Business - No. P.O. Box # Oul Oaklaad PK Oul #. etc.	3. Mailing Address P.O. Roy Suite, Apt. #, etc.	97/101	04302007	Chg-P	CR2E034 (12/06)	
City & State	Lauderdale IL	Boca Rate	n RL	4. FEI Number 65-0972			optied For ot Applicable
^{Zip} 333	Country	^{zu} 33497	Country (A.)	5. Certificate of	f Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current R	Registered Agent	Name	7. Name and	ddress of New R	egistered Agent	
	N; MIKE OÄKLAND PARK BLVD. IDERDALE, FL 33311			rss (P.O. Box Number	is Not Acceptable	3)	
Ļ			City	300-00		FL Zip Code	e
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as		egistered office or reg		, in the State of Flo	orida. I am familiar with,	and accep!
	E NOW!!! FEE IS \$150.00 ay.1, 2007 Fee will be \$550.0		n Financing pution.	\$5.00 May Be Added to Fees			
After Ma	officers and t	Trust Fund Contrib	11,		CHANGES TO OFF	ICERS AND DIRECTOR:	
After Ma	ay,1, 2007 Fee will be \$550.0	Trust Fund Contrib		ADDITIONS/C		OK Blud	Addition
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND E OFFICERS AND E DP.V PERRONE, DEAN 4806 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/O	atland to Lordalp	Change Change Change Change	Addition
10. ITILE NAME STREET ADDRESS CHY-SI-ZIP	OFFICERS AND E OFFICERS AND E DPV PERRONE, DEAN 4806 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319 S TIRAMAI, JOSEPH 4806 W. COMMERCIAL BLVD.	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/O	atland to Lordalp	Change Change Change Change	Addition
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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 ke empowered.

en il ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR