2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098053

City-St-Zip:

LAKELAND, FL 33805

FILED Feb 04, 2009 Secretary of State

Entity Name: DIGITAL INTEGRATION, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
5382 SOUTH FLORIDA AVE LAKELAND, FL 33813			3602 WATERFIELD RC LAKELAND, FL 33803	3602 WATERFIELD ROAD LAKELAND, FL 33803	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5382 SOUT LAKELAND	TH FLORIDA AV), FL 33813	/E	PO BOX 1449 LAKELAND, FL 33803		
FEI Number:	11-3652679	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
STRICKLAND, MARK A 5382 SOUTH FLORIDA AVE LAKELAND, FL 33813 US				STRICKLAND, MARK A 3602 WATERFIELD ROAD LAKELAND, FL 33803 US	
The above in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: MARKAS	TRICKLAND		02/04/2009	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () E STRICKLAND, M 5447 SHETLAND LAKELAND, FL	PLACE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VS () E PHOA, JOSEPH 24 LOMA LINDA LAKELAND, FL	Delete 33813	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	SEC () [SNYDER, MICHA 1128 LAKE DEES		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARK A STRICKLAND PTD 02/04/2009