2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: HMA DETORICE

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P97000064902 1. Entity Name 04-29-2004 90320 024 ***150.00 DGR TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1917 HARBOR VIEW CIRCLE WESTON FL 33327 1917 HARBOR VIEW CIRCLE WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0779814 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE GRACE, ANA Street Address (P.O. Box Number is Not Acceptable) 1917 HARBOR VIEW CIRCLE WESTON FL 33327 City Zio 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME DE GRACE, ANA MARIE 1917 HARBOR VIEW CIRCLE STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME" NAME -STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ner like empowe

4/24/04

FILED