


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

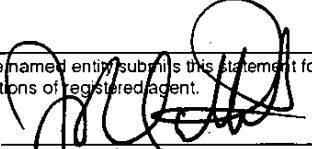
**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90379 045 \*\*\*150.00

<b>DOCUMENT # 555048</b>		
1. Entity Name <b>DIGITAL CONTROL CORPORATION</b>		
Principal Place of Business <b>10751 75TH ST. N. SEMINOLE FL 33777-1425 US</b>		Mailing Address <b>10871 75TH ST. NORTH LARGO FL 33777 US</b>
<b>*Address Change</b>		
2. Principal Place of Business <b>4960 114th TERR. N.</b>		3. Mailing Address <b>4960 114th TERR. N.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Clearwater FL</b>		City & State <b>Clearwater FL</b>
Zip <b>33762</b> Country		Zip <b>33762</b> Country



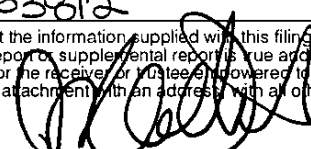
1st MOORE CR2E034 (10/04)

5. Name and Address of Current Registered Agent  <b>CATTEL, J D 4494 LAVENDER DRIVE PALM HARBOR FL 34685</b>		4. FEI Number <b>59-1788365</b> Applied For <input type="checkbox"/> Not Applicable	
		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip 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  <b>J.D. CATTEL (President)</b> 04/01/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CATTEL, J D 4494 LAVENDER DR PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **J.D. CATTEL (President)** 04/01/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #