2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# 674958

Entity Name: D P TECHNOLOGIES, INC.

Current Principal Place of Business:

P.O. BOX 36386
435 BELLE CHASSE DR
PENSACOLA, FL 32506

New Principal Place of Business:

3000 W. NINE MILE ROAD
PENSACOLA, FL 32534

Current Mailing Address:

P.O. BOX 36386
435 BELLE CHASSE DR
PENSACOLA, FL 32506

New Mailing Address:

P.O. BOX 36386
3000 W. NINE MILE ROAD
PENSACOLA, FL 32534

FEI Number: 59-2010475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POSTON, DAVID L
435 BELLE CHASSE DR.
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

POSTON, DAVID L
3000 W. NINE MILE ROAD.
PENSACOLA, FL 32534 US

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.

SIGNATURE: 01/24/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PV ( ) Delete
Name: POSTON, DAVID L
Address: 435 BELLE CHASSE DR.
City-St-Zip: PENSACOLA,, FL 32506 US

Title: ST ( ) Delete
Name: POSTON, ALICIA M
Address: 435 BELLE CHASSE DR.
City-St-Zip: PENSACOLA, FL 32506 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition
Name: POSTON, DAVID L
Address: 6002 CRABTREE CHURCH ROAD
City-St-Zip: MOLINO, FL 32577 US

Title: ST (X) Change ( ) Addition
Name: POSTON, ALICIA M
Address: 6002 CRABTREE CHURCH ROAD
City-St-Zip: MOLINO, FL 32577 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ALICIA M. POSTON ST 01/24/2007
Electronic Signature of Signing Officer or Director — Date