2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 12, 2007 08:00 A Secretary of State **DOCUMENT # F01000004222** 1. Entity Name DATA TRANSFORMATION CORP. Principal Place of Business Mailing Address ONE PENN PLAZA, SUITE 4515 ONE PENN PLAZA, SUITE 4515 NEW YORK, NY 10119 NEW YORK, NY 10119 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-2636886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, WILLIAM DO NOT WRITE 5050 TIMBER LANE COCOA, FL 32926 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE THRASH, ANDREW NAME STREET ADDRESS 345 W. 145TH STREET CITY-ST-ZIP NEW YORK, NY 10031 U00000630862 02/20/07-80023-021 150.00 TITI F NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is troe 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 opticisties empoweded 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,

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP