2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F02000005103

Entity Name: D.T.'S EXPRESS, INC.

Current Principal Place of Business:

3244 JEFFCOTT ST.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3244 JEFFCOTT ST.
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 22-3351021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, DENISE
312 CLEVELAND AVE.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: THOMAS, DAVID SR
Address: 555 PARK AVE.
City-St-Zip: PATERSON, NJ 07504

Title: VC ( ) Delete
Name: THOMAS, JERMIK
Address: 312 CLEVELAND AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VCV ( ) Delete
Name: THOMAS, DAVID
Address: 555 PARK AVE.
City-St-Zip: PATERSON, NJ 07504

Title: D ( ) Delete
Name: THOMAS, JAMAL
Address: 312 CLEVELAND AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DS ( ) Delete
Name: THOMAS, DENISE
Address: 312 CLEVELAND AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: THOMAS, DARIUS
Address: 7335 NORTH OAKMONT DRIVE
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: THOMAS, JERMIE
Address: 312 CLEVELAND AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID THOMAS SR. CPT 04/30/2009

Electronic Signature of Signing Officer or Director — Date