## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003980

Entity Name: DTS SOUTH, INC

FILED Jan 19, 2009 Secretary of State

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Current Pı	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
116 GATEWAY DR NORTH SIOUX CITY, SD 57049				1681 SUCCESS DRIVE CANTONMENT, FL 32533		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
PO BOX 710 NORTH SIOUX CITY, SD 57049			1681 SUCCESS DRIVE CANTONMENT, FL 32533			
FEI Number: 61-1407452 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired (X)				
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
	MALCOLM CESS DRIVE MENT, FL 325	33 US				
	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	JOHNSON, GU PO BOX 710	Delete ( CITY, SD 57049	Title: Name: Address: City-St-Zip:		(X) Change()Addition GUY ESS DRIVE/PO BOX 874 NT, FL 32533	
Title: Name: Address: City-St-Zip:	GIBSON, MALC	S DRIVE/PO BOX 874	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GIBSON, MALC	S DRIVE/PO BOX 874	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	DVP HARMON, SI 3750 MOLIN MOLINO, FL	O ROAD	

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: GUY E. JOHNSON PRES 01/19/2009