


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90175 044 \*\*\*150.00

<b>DOCUMENT # F94000004278</b> 1. Entity Name DT MANAGEMENT, INC.	
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Principal Place of Business 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210 US	Mailing Address 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210
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**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-0594279	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHERF, DAVID 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD ALBRECHT, MARIEL C 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVT GARCIA, CARLOS 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SMITH III, M HUE 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS ANDERSON, K ALLEN 9336 CIVIC CENTER DR BEVERLY HILLS, CA 90210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAT ARMSTRONG, CRAIG W 9336 CIVIC CENTER DR. BEVERLY HILLS, CA 90210

**DO NOT WRITE  
IN THIS SPACE**

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 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:** K. Allen Anderson K. ALLEN ANDERSON 4.24.06 310-278-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #