

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000000855

1. Entity Name
DIGITAL LIGHTWAVE, INC.



Principal Place of Business
**5775 RIO VISTA DRIVE
CLEARWATER, FL 33760 US**

Mailing Address
**5775 RIO VISTA DRIVE
CLEARWATER, FL 33760 US**



04042007 No Chg:P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4313013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, KENNETH T
5775 RIO VISTA DRIVE
CLEARWATER, FL 33760**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, PETER 350 CAMINO GARDENS BLVD. STE. 102 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZWAN, BRYAN J DR 5775 RIO VISTA DRIVE CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREYRA, ROBERT 5775 RIO VISTA DRIVE CLEARWATER, FL 33760
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLON, GERALD 10401 LAKESHORE BLVD BRATENAHL, OH 44108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, ROBERT F 16 WESTBURY ROAD GARDEN CITY, NY 11590
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, KENNETH T 5775 RIO VISTA DRIVE CLEARWATER, FL 33760
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05/01/07-80115-004 150.00

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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: *Kenneth T. Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 (727) 442-6677
Date Daytime Phone #