## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000006349

Entity Name: DATAMETRICS TECHNOLOGY SYSTEMS CORPORATION

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	OMACY ROW ), FL 32809						
Current Mailing Address:				New Mailing Address:			
	OMACY ROW ), FL 32809						
FEI Number:	: 95-3545701	FEI Number Applied For()	FEI Numi	ber Not Appli	cable ( )	Certificate of Status Desi	red()
Name and	Address of C	Current Registered Agent:	1	Name and	Address of I	New Registered Agent	:
	A, JOHN OMACY ROW ), FL 32809	US	,		MIL DMACY ROW , FL 32809	us	
	named entity see of Florida.	submits this statement for the p	urpose of	changing it	s registered o	office or registered agen	t, or both,
SIGNATUR	RE: TAMITH	ARP				03/26/2008	
	Electror	nic Signature of Registered Age	nt			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ı	ADDITION	S/CHANGES	TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	D ( ) HERMAN, GAR 1717 DIPLOMA ORLANDO, FL	CY ROW	1	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	COOP ( ) MARCECA, JOI 1717 DIPLOMA ORLANDO, FL	CY ROW	1	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) LEONARDIS, T 1717 DIPLOMA ORLANDO, FL	CY ROW	1	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) RAPISAND, MIO 1717 DIPLOMA ORLANDO, FL	CY ROW	I ,	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	CFO ( ) THARP, TAMI 1717 DIPLOMA ORLANDO, FL		1	Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	CS () KRONING, EDV 1717 DIPLOMA ORLANDO, FL	CY ROW	1	Title: Name: Address: City-St-Zip:	D (X LUKASH, SETH 1717 DIPLOM/ ORLANDO, FL	ACY ROW	

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: TAMI THARP CFO 03/26/2008