


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90033 024 \*\*\*150.00

DOCUMENT # G20201			
1. Entity Name DTR SOFTWARE INTERNATIONAL, INC.			
Principal Place of Business 4901 BELFORT RD STE 100 JACKSONVILLE, FL 32256-7516 US		Mailing Address 4901 BELFORT RD STE 100 JACKSONVILLE, FL 32256-7516 US	
2. Principal Place of Business <u>4496 Southside Blvd</u>		3. Mailing Address <u>4496 Southside Blvd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32216</u>	County <u>Duval</u>	Zip <u>32216</u>	County <u>Duval</u>
6. Name and Address of Current Registered Agent  COLD, KATHLEEN ONE INDEPENDENT DR SUITE 2301 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code <u>FL</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUDLEY, DANIEL P. 4901 BELFORT RD STE 100 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>4496 Southside Blvd</u> <u>Jacksonville, FL 32216</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSS, WILLIAM C. 4901 BELFORT RD STE 100 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>4496 Southside Blvd</u> <u>Jacksonville, FL 32216</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>EFO</u> <u>Robert A. Culpepper Jr.</u> <u>4496 Southside Blvd</u> <u>Jacksonville, FL 32216</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert A. Culpepper Jr.</u>		Date: <u>2/1/05</u> Daytime Phone #: <u>904-642-1794</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	