2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G20201

1. Entity Name
DTR SOFTWARE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4496 SOUTHSIDE BLVD	4496 SOUTHSIDE BLVD
JACKSONVILLE, FL 32216 US	JACKSONVILLE, FL 32216 US

DO NOT WRITE IN THIS SPACE

01122006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2290538		Not Applicable
5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLD, KATHLEEN
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE, FL 32202

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000402559 02/03/06-80013-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUDLEY, DANIEL P.
STREET ADDRESS	4496 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	ST
NAME	RUSS, WILLIAM C.
STREET ADDRESS	4496 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	CFO
NAME	CULPEPPER, ROBERT A JT
STREET ADDRESS	4496 SOUTHSIDE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Robert A Culpepper JT._   CEO   (404) 642-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #