


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G20201**  
 1. Entity Name  
 DTR SOFTWARE INTERNATIONAL, INC.



Principal Place of Business 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US	Mailing Address 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 US
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2290538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ 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	PD DUDLEY, DANIEL P. 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RUSS, WILLIAM C. 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CULPEPPER, ROBERT A JT 4496 SOUTHSIDE BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/09/07-80052-005 150.00

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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* 2/1/07 904-642-1744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #