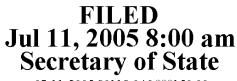
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # K61127 1. Entity Name D.T. OF FORT LAUDERDALE, INC.				07-11-2005 90119 046 ***150.00							
Principal Place of Business 700 E DANIA BCH BLVD #202 DANIA, FL 33004		Mailing Address 700 E DANIA BCH BLVD #202 DANIA, FL 33004									
2. Principal Place of Business		3. Mailing Address			,						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07072005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numb			<u> </u>	plied For Applicable		
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
		7. Name and Address of New Registered Agent						_			
					Namo Try wance are. Too Bus						
TOURANGEAU, JACQUES 5841 NE 22 TERR				Street Address (P.O. Box Number is Not Acceptable)							
FORT LAU	IDERDALE, FL 33308			401	401 500 4th avenue #301					301	
				City (- -/~~	100	werda!	A FL	Zip Code	入厂	
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 angularly applicable. (NOTE Registered Agent signature required when reinstating)											
						00 May Be ed to Fees	In accordance corporation did				
10.	- OFFICERS AND		11.			ADDITIONS	CHANGES TO OF	FICERS AN	1		
TITLE	D TOURNOST IN MOOUTE	☐ Delete	TITLE		5	ranica	u Jacai	AC	(Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TOURANGEAU, JACQUES 5841 NE 22 TERR FORT LAUDERDALE, FL 33308			E ET ADDRESS -ST-ZIP	40	1,500	uth Que	nye	#30]	
TITLE	DP	☐ Delete	TATLE	E	GG	^		1	(Change	Addition	
NAME	DUFOUR, GERALD		NAM		Di	four,	dispose	6	77.37	\ 1	
STREET ADDRESS CITY-ST-ZIP	5841 NE 22 TERR FORT LAUDERDALE, FL 33308			ET ADDRESS -ST-Zip	40	ort to	LIM CLU	enul Ie, Fl	35)[][
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						-,	☐ Change	☐ Addition	
TITLE		Delete	TITLI	E					☐ Change	☐ Addition	
NAME			NAM	E							
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-\$T-ZIP							
TITLE		☐ Delete	TITL						Change	Addition	
NAME STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP						•	
TITLE		☐ Delete	TITL	E					☐ Change	Addition	
NAME			NAM								
STREET ADDRESS			4	ET ADDRESS -ST-ZIP							
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemindicated on this report or supplemental report is true and accurate and that my signature.					ed in Se	ection 119 07/3	(i), Florida Statutes	. I further ce	ertify that the in	nformation	
indicated	Lon this report or europlemental report in	true and accurate and that	nu ciana	turo shall ha	ave the	same legal effe	ct as if made under	nath: that I	am an officer	or director	

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 of 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: _

SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR