2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

MID TYPED OR PRINTED NAME OF SIGNING MAN

Apr 14, 2006 08:00 AN DOCUMENT # L01000010680 **Secretary of State** DIGITALCOMPS, LLC Principal Place of Business Mailing Address 824 NORTH HIGHLAND AVE. 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803 ORLANDO, FL 32803 02162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3620630 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARPENTER, WALTER N JR. DO NOT WRITE 824 NORTH HIGHLAND AVE. ORLANDO, FL 32803 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered diffice 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 II applicable. (NOTE. Registered Agent signature required when reiristating) DATE Filing Fee is \$50.00 Due by May 1, 2006 HORIDISHERM 04/28/06-80021-023 50.00 MANAGING MEMBERS/MANAGERS 9, TITLE MGR CARPENTER, WALTER N JR. NAME 824 NORTH HIGHLAND AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAINE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the imited liability company withe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

R, OR AUTHORIZED REPRESENTATIVE

FILED