~ 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L38130 DIGITAL ENGINEERING CORP



FILED Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4613 UNIVERSITY DRIVE #232

4613 UNIVERSITY DRIVE

CORAL SPRIN	PRINGS, FL 33067 CORAL SPRINGS, FL 33067						
DO NOT WRITE IN THIS SPAC				01042007 4. FEI Numbe 65-0194	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent					
MARTIN, TERIANNE C 5429 NW 110TH AV E CORAL SPRINGS, FL 33076 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 talls if applicable. (NOTE: Registered Agent agent agent are required when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	04/11/0	10689933 7-80054-015 150.00	
10.	OFFICERS AND DIRE	CTORS	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, STEVE 5429 N.W. 110TH AVENUE CORAL SPRINGS, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	ACE	
NAME STREET ADDRESS							

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.

CICL	LATE	IDE.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NOMENO OFFICER OR DIRECTOR

4-2-07

954-344-844