2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002861

Entity Name: D.T. CARRE INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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513 SW 6TH STREET DELRAY BEACH, FL 33444

Current Mailing Address: New Mailing Address:

513 SW 6TH STREET 2511 LUCKLAND WAY DELRAY BEACH, FL 33444 WOODBRIDGE, VA 22191

FEI Number: 20-5098759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, CURTIS M JR
513 SW 6TH STREET
DELRAY BEACH, FL 33444 US
WILLIAMS, CURTIS M JR
2511 LUKCLAND WAY
WOODBRIDGE, FL 22191 US

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.

SIGNATURE: 04/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCEO () Delete
 Title:
 PCEO (X) Change () Addition

 Name:
 WILLIAMS, CURTIS M JR
 Name:
 WILLIAMS, CURTIS M JR

 Address:
 513 SW 6TH STREET
 Address:
 2511 LUCKLAND WAY

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:
 WOODBRIDGE, VA 22191

Title: V () Delete Title: () Change () Addition

 Name:
 HEMINGWAY, ROBERT M
 Name:

 Address:
 15738 EDGEWOOD DRIVE
 Address:

 City-St-Zip:
 MONTCLAIR, VA 22026
 City-St-Zip:

Title: O () Delete Title: () Change () Addition

 Name:
 HICKSON, ARBIE J III
 Name:

 Address:
 65 REAWAY TRACE
 Address:

 City-St-Zip:
 COVINGTON, GA 30016
 City-St-Zip:

Title: TCFO () Delete Title: () Change () Addition

 Name:
 WILLIAMS, ZERLEAN S
 Name:

 Address:
 513 SW 6TH STREET
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

Title: COO () Delete Title: () Change () Addition

 Name:
 WILLIAMS, CURTIS M SR
 Name:

 Address:
 513 SW 6TH STREET
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PCEO/CURTIS M. WILLIAMS JR. MR 04/18/2008