

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002861

FILED
Apr 14, 2009
Secretary of State

Entity Name: D.T. CARRE INC.

Current Principal Place of Business:

513 SW 6TH STREET
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

2511 LUCKLAND WAY
WOODBIDGE, VA 22191

New Mailing Address:

FEI Number: 20-5098759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CURTIS M JR
2511 LUKCLAND WAY
WOODBIDGE, FL 22191 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WILLIAMS, CURTIS M JR
Address: 2511 LUCKLAND WAY
City-St-Zip: WOODBRIDGE, VA 22191

Title: V () Delete
Name: HEMINGWAY, ROBERT M
Address: 15738 EDGEWOOD DRIVE
City-St-Zip: MONTCLAIR, VA 22026

Title: O () Delete
Name: HICKSON, ARBIE J III
Address: 65 REAWAY TRACE
City-St-Zip: COVINGTON, GA 30016

Title: TCFO () Delete
Name: WILLIAMS, ZERLEAN S
Address: 513 SW 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: COO () Delete
Name: WILLIAMS, CURTIS M SR
Address: 513 SW 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CURTIS M. WILLIAMS

MR.

04/14/2009

Electronic Signature of Signing Officer or Director

Date