## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000083253

Entity Name: DIGITAL TECHNOGRAPHICS, INC.

590 NW PEACOCK BLVD. #8

PORT ST. LUCIE, FL 34986

Address:

City-St-Zip:

FILED May 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 590 N.W. PEACOCK BLVD. PORT ST LUCIE, FL 34986 **New Mailing Address: Current Mailing Address:** 590 N.W. PEACOCK BLVD. PORT ST LUCIE, FL 34986 FEI Number: 65-1041332 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: ZACCHEO, SUSAN 1951 SW WINNERS DRIVE PALM CITY, FL 34490 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ZACCHEO, SUSAN Name: Name: 590 NW PEACOCK BLVD. #8 Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ZACCHEO, FRANCIS 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ZACCHEO P 05/15/2008