2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088319

Entity Name: DTL PROPERTIES, INC.

FILED Apr 03, 2009 Secretary of State

| Littly Na | ille. DILFR | DELKTIES, INC. | | | |
|--|--|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 3674 BEA SUITE 4A | CH BLVD. IVILLE, FL 32 | 207 | | | |
| | lailing Addre | | New Mailing Addres | New Mailing Address: | |
| P O BOX | • | | | | |
| FEI Number | : 59-3673032 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 3674 BEÁ SUITE 4A JACKSON The above | IVILLE, FL 32 | | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATU | | | | | |
| Election Ca | | nic Signature of Registered Ag g Trust Fund Contribution (). | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (LOFTON, DAN P.O. BOX 198 JACKSONVILI | 64 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST (LOFTON, TRA PO BOX 1986 JACKSONVILI | 4 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: DANDEE LOFTON DP 04/03/2009