


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000097716 1. Entity Name D.T.I. OF FLORIDA, INC. |  |
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| Principal Place of Business 8509 NW GAINESVILLE ROAD OCALA, FL 34475 | Mailing Address 8509 NW GAINESVILLE ROAD OCALA, FL 34475 |
|--|--|

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

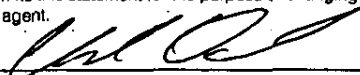
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|--|-------------------------------|
| 4. FEI Number 59-3679467 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DIEL, CHAD A
8509 NW GAINESVILLE RD
OCALA, FL 34475

**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:  DATE: 1-15-08

*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

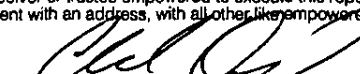
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DIEL, DREW D JR 7350 SE 135TH STREET SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIEL, DREW D SR 7350 SE 135TH STREET SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RASNICK, RICK 15805 SE 92ND AVE SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIEL, CHAD A 3065 NE 45TH STREET OCALA, FL 34479 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

U00000737160
01/17/08-80066-017 150.00

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.

SIGNATURE:  DATE: 1-15-08 DAYTIME PHONE #: 352-732-9221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR