2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

352.732.922

	71111071 1111			_ our	11, 2000 00.
DOCUMENT # P0000097716 1. Entity Name D.T.I. OF FLORIDA, INC.				Secretary of S	
Principal Plac 8509 NW GA OCALA, FL 3	INESVILLE ROAD 8509	g Address) NW GAINESVILLE ROAD .A, FL 34475			
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				01042008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-3679467	Applied For
				5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Registere	d Agent	7 45		
DIEL, CHAD A 8509 NW GAINESVILLE RD OCALA, FL 34475			11 J	DO NOT W	?ITE
	,			IN THIS SP	ACE
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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: 1-15-08					
	Signature, typed or printed harne of registered agent and title if app	icable. (NGTE, Registered	Agent eignature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTO	RS			
TITLE NAME	DIEL, DREW D JR				
STREET ADDRESS CITY-ST-ZIP	7350 SE 135TH STREET SUMMERFIELD, FL 34491			ÜQOQQQ	787160
TITLE	D			01/17/08-	80066-017, 150.00
NAME	DIEL, DREW D SR 7350 SE 135TH STREET				
STREET ADDRESS CITY-ST-ZIP	SUMMERFIELD, FL 34491				
TITLE	D DANNING FIGUR				
NAME Street Address	RASNICK, RICK 15805 SE 92ND AVE			DO NOT W	
CITY-ST-ZIP	SUMMERFIELD, FL 34491			DO NOT W	KIIE
title Name	P DIEL, CHAD A			IN THIS SP	ACE
STREET ADDRESS	3065 NE 45TH STREET				
CITY-ST-ZIP	OCALA, FL 34479				
TITLE NAME					The second secon
STREET ADDRESS CITY-ST-ZIP					
TITLE					* 1
· NAME· ···	The second supplies the second	na i narapinawa ni ni administra (a) in ni ili ana managani are ili ni dali	i din Galakari bang Majarangan manangan	and the second desiring the second	
STREET ADDRESS CITY-ST-ZIP	gamingga ng ngunadhaddhi sarah diguna anna maga gi i hindan. Amir mananayan ga ir Ma da bhillina	_ appre	and the second s		
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 are 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.					
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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .