


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000044074</b> 1. Entity Name FLORIDA DIGITAL TECHNOLOGIES, INC.	
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Principal Place of Business 15310 AMBERLY DRIVE SUITE 250-66 TAMPA, FL 33647	Mailing Address 15310 AMBERLY DRIVE SUITE 250-66 TAMPA, FL 33647
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04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0675467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PERRIN, JOHN P ESQ.  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MELECH, PAUL MR 8419 MACLAURIN DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BRADLEY, BRIAN W MR 6417 MACLAURIN DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DEWITT C MR 4950 EBENSBURG DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LUSK, DENNIS W MR 16540 WILLOW GLEN DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000357075  
05/04/05-80059-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President Brian Bradley April 29/05

813-971-2177