

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050881

Entity Name: DIGITAL TRUST INC.

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

## Current Mailing Address:

412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

FEI Number: 01-0682540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE 300  
TAMPA, FL 336372087 US

## Name and Address of New Registered Agent:

CLOWE, DAVID C  
412 FIRST STREET NORTH  
JACKSONVILLE BEACH, FL 32250 US

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: DAVID C CLOWE

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCGLAUGHLIN, FLINT  
Address: 412 FIRST STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: MCGLAUGHLIN, FLINT D  
Address: 412 FIRST STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Change (X) Addition  
Name: KEMPER, ROBERT J  
Address: 412 FIRST STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Change (X) Addition  
Name: CLOWE, DAVID C  
Address: 412 FIRST STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Change (X) Addition  
Name: REHMEYER, ALLISON E  
Address: 412 FIRST STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DAVID C CLOWE

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date